



Building an Improved Community Support System

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Introduction

The South Carolina Department of Juvenile Justice (SCDJJ) is the State Agency charged with providing rehabilitative services to juveniles who have been referred to the Agency by law enforcement, school, or a parent for a criminal or status offense. Each juvenile's case is addressed individually and results in either dismissal, diversion, or an adjudication of delinquency by the Family Court System.¹

It is the mission of the SCDJJ to protect the public and reclaim juveniles.² In order to do that, the agency must provide various preventative services to help redirect negative behaviors by identifying the needs of the juveniles and their families and linking them to the appropriate provider(s) to address those needs.

As in any strong organization, SCDJJ has policies and procedures in place for employees to adhere to in an effort to provide the safest and most effective legal supervision possible to each juvenile served. Such policies ensure consistent and fair intervention by using the least restrictive environment.³

Case Management is an instrumental component in the rehabilitation of at-risk youth.⁴ Research has shown that having a well-designed case management approach can significantly impact a person's life in a positive way. The goal is to deter the likelihood of relapse or additional criminal activity, which may result in penetrating further into the judicial system.⁵

While Case Management has been an effective method of facilitating rehabilitation, it is not always an easy intervention to implement. In order to be effective, Case Managers must be well trained in recognizing the strengths and weaknesses of each juvenile and they must understand the behavioral health system and how its intercession can be a life-changing resource at a vulnerable stage in a child's development. Case Management must be individualized to meet the needs of the client, and thorough assessment and service plan development are ongoing functions. Case managers must ensure the applicable referrals are made to the appropriate, quality provider(s) and that frequent monitoring is conducted. Proper documentation by Case Managers is an important way to ensure the continuity of the juvenile's and family's care and is essential for management to maintain oversight.

Currently, SCDJJ has several means for training and auditing Community Case Managers. All Case Managers receive an intensive two-week basic training that covers a wide-range of topics to prepare them for their new responsibilities. They receive additional training to learn policies related to their roles, on how to utilize and enter documentation into the centralized database

¹ SCDJJ Website, <http://www.state.sc.us/djj/>

² SCDJJ Website, <http://www.state.sc.us/djj/>

³ <http://www.state.sc.us/djj/pdfs/community%20services%20manual.pdf>

⁴ http://smhp.psych.ucla.edu/qf/case_mgmt qt/Case_Management_with_At-risk_Youth.pdf

⁵ <https://www.ncjrs.gov/pdffiles1/173409.pdf>

or Juvenile Justice Management System (JJMS), as well as on Medicaid standards and requirements⁶. As a result of these courses, Case Managers are being trained to document and to adhere to different documentary requirements and timeframes from several areas. Having multiple areas delivering overlapping information has created confusion among Case Managers and has created unintentional poor compliance by some staff. This can and often does hinder the efforts of a well-designed Case Management system.

By equipping Case Managers with unified training, their ability to perform at a consistently compliant level will allow them to positively impact the youth being supervised. Case Managers who work with juvenile offenders share an innate desire to make a difference in the lives of the youth with whom they interact. Therefore, it is the agency's responsibility to provide our Case Managers with an improved support system. A system that will eventually maximize those efforts for the juveniles, their families, and citizens of South Carolina.

This research for the South Carolina Certified Public Managers (CPM) project will serve to evaluate the current processes and procedures in place for our Community Case Management training, data entry, and quality assurance. The goal of the research is to identify and establish a framework for a universal unit within the agency that will enhance the effectiveness of Case Management by consolidating and streamlining information to reduce conflicting standards to create a stronger support unit, and to facilitate learning and understanding for our staff.

Data Collection and Analysis

In August of 2015, a taskforce was established to collaborate and identify both historical and current strengths and weaknesses within Case Management across the state. The taskforce consisted of twelve (12) members which included subject matter experts from different areas within SCDJJ including: community front-line and supervisory staff, Medicaid Compliance, Staff Development and Training, Community Policy Manager, and JJMS quality assurance. Ways for SCDJJ to build and improve the community support system was discussed.

Each member of the taskforce was able to bring a wealth of knowledge and innovative ideas to the table. Collectively, eight (8) concerns were discussed, seven (7) desired outcomes identified, and five (5) goals were listed. Of the concerns, the taskforce focused on issues that included communication barriers, having multiple voices of direction, the lack of resources available to complete documentation requirements within the allotted timeframe, the lack of a comprehensive supervisory training, frequently changing Medicaid billing requirements, and the lack of consistency across counties.

The taskforce agreed in order to improve Case Management services, communication between upper management and frontline staff needs to improve to establish consistent standards

⁶ Medicaid standards must be adhered to in order to receive federal reimbursement for services delivered.

across counties. These standards need to be implemented in an effort to improve the quality of documentation so Case Managers can be held accountable for capturing case management services provided. This will have a positive impact on case management continuity, provision of services, and Medicaid billing. This can be accomplished by taking a closer look at the current processes, combining common areas together to streamline information, and providing additional innovative tools to assist in documentation, such as providing additional laptops to be used in the field. Having resources available will enable Case Managers to capture detailed information contemporaneously with the completion of site visits. This will assist in meeting documentation timeframes and aid in creating a culture shift in understanding the need and importance of quality documentation.

Additional goals listed included ensuring County Directors and Supervisors continue their education through multiple trainings offered by the agency's Staff Development and Training Department, as well as partner agencies such as Clemson University, the University of South Carolina, and the SC Children's Law Center. Additional goals include a Frequently Asked Questions link on the agency website, regularly scheduled agency-wide meetings, and time management training for all community staff.

Based on the discussion, the taskforce felt it would be best to survey the front-line community staff, supervisors, and county directors in order to gain a greater perspective of the concerns and desires as an agency. A survey will provide the Community Case Managers and their supervisors a voice to express their thoughts regarding how the agency supports their efforts and give them an opportunity to provide feedback and make any constructive input they deem necessary.

METHODOLOGY

The survey was compiled using Excel Cloud where participants were able to click on an e-mailed hyperlink and answers were submitted anonymously to the agency's Director of Community Development. This measure was taken in an effort to obtain honest responses from participants and ensure any biases would not influence the results.

The survey link (Appendix A) was emailed to two-hundred and eighty-two (282) front-line Case Managers, supervisors and county directors. One-hundred seventy-three (173) responses were received which represents a participation rate of 61%.⁷

The questions on the survey were presented in six (6) sections totaling forty (40) questions, and an optional comments text-box was also provided. While the survey was anonymous, it was important to identify the levels of experience represented by the participant's years employed with SCDJJ. Therefore, in Section 1 of the survey, the participants were asked how many years they had been employed with SCDJJ in ranges from 0-2 years, 3-5 years, 6-10 years, and 11+ years (Graph 1). In addition, the participants were asked to identify which of the following

⁷ The margin of error of participation is +/- 2 as the vacancies can vary slightly based on the current staffing levels.

training courses they attended and in what proximity to their hire date: Community Basic Training, Juvenile Justice Management System (JJMS), Effective Case Management, and Medicaid Targeted Case Management (MTCM) (Graph 2).⁸

The remaining four sections of the survey provided the participant an opportunity to answer questions on a scale of one to ten (1-10) with one being the least positive and ten being the most positive response.

This survey gave Case Managers an opportunity to voice their opinions regarding how SCDJJ policies, procedures, and trainings instruct them to manage their cases, and could help determine if Case Managers are interested in supporting a change in the delivery of their support system.

SURVEY RESULTS

Of the data collected, the majority of the responses received were from staff who have been employed at SCDJJ for three (3) or more years with various levels of experience represented. A decision was made to combine the staff responses to include all staff with three years or more experience into one group. This group totaled 121 participants, which represented 69.9% of the survey. The remaining 52 participants, which represented 30.1% of the survey, have been employed with the agency for under three (3) years.

Results from the survey showed that the majority of participants who attended Community Basic Training (CBT), did so within 3 months of being hired and Effective Case Management (ECM) within 6 months of hire.⁹ Community Case Managers generally attend JJMS and Medicaid Targeted Case Management (MTCM) training after CBT and ECM, but within the first year of employment.

In order to gauge the Case Manager's opinion as to the appropriateness of the length of time between their date of hire at SCDJJ and attending specific training courses, the survey asked the participants to rate the appropriateness of timing on a scale of 1-10: 1 (Strongly Disagree), 5 (Neutral) to 10 (Strongly Agree). As to the length of time to receive Community Basic Training, the average response was 5.9 (Graph 3), and the average response to the length of time between being hired and attending a Medicaid MTCM training was 5.8 (Graph 4). This response shows that the majority of Case Managers slightly agree but are neutral as to the timeframe of being hired and receiving both types of training.

The knowledge and skills acquired during training can be limited by the effectiveness of instructor and the method of instruction. Therefore, being aware of what the participants

⁸ The length of service will impact the results given that some of the training was not available until several years after the Case Manager's date of hire. Some training courses may not be relevant to their job.

⁹ SCDJJ has implemented a Community Service Training Chart to ensure all newly hired Case Managers attend Community Services Basic Training and Effective Case Management Training within a specific time period (<http://www.state.sc.us/djj/pdfs/Community%20Services%20Training%20Chart.pdf>)

gained from their experience in training is imperative to help ensure their success in delivering quality Case Management. Participants were asked to answer the following questions on a scale of 1-10; 1 (Strongly Disagree), 5 (Neutral) to 10 (Strongly Agree). When asked if the content of Community Services Basic Training was appropriate and relevant to their job, the average response from the participants was 6.6 (Graph 5). Based on the responses, when asked if the information presented during the Medicaid training was clear and readily understandable, the average response was 6.6 (Graph 6). When asked if Case Management requirements were clearly outlined during training, the average response was again, 6.6 (Graph 7). While these responses showed that most Case Managers agree with those statements, it also indicates more work needs to be done to empower Case Managers with improved training not only on Medicaid standards but with Case Management as a whole.

Once Case Managers have attended training, it is equally important that they know where to seek help once they return to their offices. Being able to contact knowledgeable support staff when questions arise can assist Case Managers in ensuring SCDJJ policy and Medicaid standards are met. Participants were asked to answer the following questions on a scale of 1-10; 1 (Never Know), 5 (Neutral) to 10 (Always Know). When the survey participants were asked if they knew where to seek help regarding community supervision policy, the average response was 8.7 (Graph 8); regarding case documentation, the average response was 8.5 (Graph 9); regarding Medicaid standards, the average response was 8 (Graph 10); and regarding JJMS, the average response was 8.4 (Graph 11). The results showed that while Case Managers must abide by Medicaid standards and SCDJJ Policy (to include community supervision and entering case documentation into JJMS), there are still some front-line and supervisory staff who are uncertain as to where to seek assistance.

Case Managers need to have the support of resources including, but not limited to, providers, supportive technology, supervisors, peers, and management in order to meet the needs of the youth served. In this section of the survey, participants were asked to answer the following questions on a scale of 1-10; 1 (Never Available), 5 (Neutral) to 10 (Always Available). When asked the availability of local resources, the average response was 6.4 (Graph 12), availability of technical support for case management, the average response was 7.4 (Graph 13), immediate supervisor, 8.2 (Graph 14), other case managers, 8.4 (Graph 15) and availability of DJJ senior management, 7.3 (Graph 16). While the responses are all on the positive end of the scale, it is also important to understand resources may be easier to come by in large, more urban communities than in smaller, rural communities.

SCDJJ is committed to developing quality prevention and intervention programs to help youth make the right choices and give them the tools needed to prevent them from engaging in further delinquent behavior.¹⁰ Therefore, a Case Manager may come into a juvenile's life when they need the interventions the most. Participants were asked to answer the following

¹⁰ <http://www.state.sc.us/djj/fact-sheets.php#Fact%20Sheets>: Prevention and Intervention

questions on a scale of 1-10; 1 (Not Important), 5 (Neutral) to 10 (Very Important). When participants were asked how important case management is to each juvenile and family, the average response was 9.3 (Graph 17). In order to provide quality case management, an effective Case Manager must understand the importance of their role. When participants were asked if they understood the importance of documentation, the average response was 9.5 (Graph 18), while the importance of Medicaid reimbursement to fund programs had an average response of 7.6 (Graph 19). Participants were asked to rate the importance of adhering to SCDJJ policies and procedures and the average response was 9.6 (Graph 20). They rated the importance of meeting the identified needs of the juvenile and their family with an average response of 9.7 (Graph 21) and lastly, they rated the importance of using graduated responses with an average response of 8.8 (Graph 22).

Having the buy-in of front-line Case Managers is vital to meeting the needs of the juvenile and family while upholding the mission of the agency.¹¹ Our Case Managers need to understand what is expected of them per policy and documentation standards, know where to find the resources available, and feel supported by their agency, but they must also appreciate the impact of the services they are providing. By following the policies and procedures set forth and adhering to them not only shapes the young men and ladies they serve, but it impacts the agency and the citizens of the state of South Carolina.

The SCDJJ currently has three formal methods to monitor the compliance of Case Management activities. The Quality Assurance Manager for the Community Services Division conducts desktop and on-site reviews of Case Manager's cases that are entered into JJMS. The purpose of this review is to ensure pertinent data is entered accurately and in a timely manner. SCDJJ also has a Community Policy Manager who ensures community policies are current and provide a clear and concise outline of the expectations the agency has for Case Managers to fulfill the agency's overall mission. Periodic reviews are also conducted to monitor compliance. Lastly, the Office of Compliance and Medicaid monitors the compliance of Case Managers as it applies to Medicaid standards mandated by the South Carolina Department of Health and Human Services (SCDHHS) and Centers for Medicaid and Medicare Services (CMS).

Adhering to Medicaid standards allows the SCDJJ to receive reimbursable Medicaid funding for MTCM services delivered to at-risk children who have been identified as having a need for intervention services. All therapeutic services must be medically necessary and the juvenile must have a valid diagnosis as defined by the current Diagnostic and Statistical Manual (DSM).¹² Recurring Medicaid revenue offsets the use of state funding to help pay for additional programs for our youth.

¹¹ SCDJJ Website, <http://www.state.sc.us/djj/>

¹² A valid diagnosis is one that is determined by a Licensed Practitioner of the Healing Arts within one year of the date of service.

In years past, all Medicaid services rendered by case managers were submitted to SCDHHS for payment. Beginning five years ago, this practice was changed to ensure that SCDHHS' payment rules were met for submitted claims. Two categories of case managers were created, "cleared to bill" and "un-cleared to bill". Three Medicaid Program Coordinators and the Medicaid Project Administrator are tasked with providing introductory, advanced, and one-on-one training; technical assistance; periodic reviews; and contractually required annual audits of each Community Case Manager. Based upon the findings of these audits, the Medicaid Project Administrator determines whether the Case Manager is cleared to bill. All Case Managers adhere to the same standards regardless of their cleared status. However, services rendered by cleared Case Managers are the only claims that are submitted to SCDHHS. The new procedure has greatly reduced the amount of money repaid back to SCDHHS due to the documentation not meeting the requirements of the payment rules. This shows SCDJJ's commitment to use both state and federal funding responsibly.

The SCDJJ currently has one-hundred and forty-five (145) Case Managers¹³ actively providing MTCM services throughout the forty-three (43) county offices that oversee all forty-six (46) counties in the state of South Carolina. Of those Case Managers, twenty-five (25) were removed from the calculation since they do not yet qualify to bill for services due to the Medicaid requirement of having a minimum of one (1) year experience working with the target population (At-risk Children). Therefore, based on the one-hundred twenty (120) qualified Case Managers, sixty-four (64) Case Managers are "cleared to bill", or 53.33%.

While the average of responses within the survey indicated County Case Managers found the trainings clear and readily understandable, the number of Case Managers that accurately apply the information learned suggests there may be additional factors hindering their ability to conform to Medicaid standards.

The final section of the survey gave participants an opportunity to voice their opinions regarding how SCDJJ manages cases and question whether they are interested in supporting a change to their support system. The questions in this section will give management and support service areas within the agency insight into how management can maximize the effectiveness of the Case Managers. Helping Case Managers be more effective will allow them to spend more hands-on time delivering support to the juveniles and their families. For the remaining questions of the survey, participants were asked to answer the following questions on a scale of 1-10; 1 (Strongly Disagree), 5 (Neutral) to 10 (Strongly Agree).

When Case Managers were asked if it would be helpful to have a single office/contact within the agency to answer case management questions, the average response was 7.8 (Graph 23) and when asked if having multiple sources of guidance creates confusion in my job duties, the average response was 6.18 (Graph 24). These results may be an insight into one of the struggles some Case Managers face in terms of compliance. Without clearly defined

¹³ The margin of error of participation is +/- 2 as the vacancies can vary slightly based on the current staffing levels.

expectations and ongoing guidance, Case Managers are plagued with hidden influences that hinder their ability to comply.¹⁴

When asked in the survey whether the Case Manager understands the SCDJJ policies that are relevant to their specific job duties, the average response was 8.56 (Graph 25). Case Managers acknowledge the policies relevant to their jobs are clearly outlined. However, when asked if updated SCDJJ policies and procedures are reviewed and the changes are explained, that average response was lower at 6.57 (Graph 26). Given that policies are updated for the benefit of the Case Manager, more attention should be dedicated to these updates to ensure compliance.

The remaining questions focused on the Case Manager's personal views. It is important to understand their opinion and value of a Case Management system, and how the current model affects their ability to provide quality services. When asked to rate the importance of documenting the hands-on, face-to-face activity of supervising youth on probation or parole, the vast majority responded that they strongly agree, with the average response at 9.5 (Graph 27).

The average response was 8.13 when asked if the Case Manager was comfortable with the number of cases on their caseload, or if a supervisor, on the caseload of those they supervise (Graph 28). The average caseload can vary depending on the type of caseload the Case Manager has, as well as the size of the community served within that county. It is important to note that while several factors can contribute to the fluctuation of a caseload, on average SCDJJ Case Managers typically have less than 35 cases to manage¹⁵.

Having a clear understanding of the expectations the agency has for Case Managers is crucial to their success. When asked whether they understand the Medicaid standards that are relevant to their job duties, the average response was also mostly positive at 8.5 (Graph 29). When asked if Medicaid standards and DJJ policy are consistently and clearly defined, that average response drops to 7.6 (Graph 30). This response supports that many Case Managers understand Medicaid standards and DJJ Policy; however, there is a degree of conflict and confusion for some Case Managers.

In regards to the Case Manager's comfort using JJMS as it pertains to their job duties, the average response was 8.7 (Graph 31), however when asked if they are able to enter activity notes into JJMS within the allotted timeframe specified in policy¹⁶, the average response decreased to 6.9 (Graph 32). Case Managers seemed to agree more when asked if they were confident when selecting the appropriate contact type/MTCM activity when entering activity notes into JJMS, with an average response of 8.8 (Graph 33) as well as their ability to recognize

¹⁴ "Why employees don't do what they are supposed to do and what to do about it", Ferdinand F. Fournies, 2007

¹⁵ Information provided by the Deputy Director of Community Services.

¹⁶ DJJ Policy F-7.1 states "Within 5 business days of all activities, the County CM will complete an Activity Note in JJMS and file note on side 6 of the case file".

their own strengths and weaknesses when it comes to case management, where the average response was 8.6 (Graph 34).

These responses give management and support staff a clearer picture of where their front-line Case Managers stand as far as recognizing where weaknesses may be and gauging where there is a need to build the support that is imperative to the success of the program. An analysis of the data indicates that there is a need for an improved method of support that reinforces the important role that Case Managers' play in SCDJJ's mission, and how it relates to the rehabilitation and betterment of the juveniles under SCDJJ's care.

The final question asked was if shadowing an experienced Case Manager would be a good tool to help new employees learn their job functions, and the average response was 8.6 (Graph 35). This response indicates that while formal training, technical assistance and periodic reviews or audits can help teach Case Managers what the policies, procedures, and guidelines are, it may be equally important to follow-up that method with peer-supported, on the job training and shadowing. This will ensure newly hired Case Managers gain an in-depth understanding of how to apply the knowledge previously learned.

In order to ensure that job shadowing is effective, the experienced Case Manager being shadowed must be someone who is classified as a "cleared to bill" Case Manager. This designation would signify someone who has consistently displayed their ability to conform to SCDJJ policy and Medicaid standards.

Summary and Recommendations

SUMMARY

The main problem identified in this research is that Case Managers are responsible for both performing and documenting case management activities, while simultaneously utilizing MTCM standards and SCDJJ Policy, in an effort to maintain accurate records in JJMS. These functions are currently being taught and overseen by three different units within the SCDJJ Administration. This has caused confusion as to which unit provides support regarding a certain task, can cause Case Managers to be less inclined to seek help when questions arise, and because of the lack of coordination between trainers, leave knowledge gaps that may hinder Case Managers in providing quality case management.

The agency's current Office of Compliance and Medicaid has been at the forefront of training and oversight when it comes to documentation. Therefore, SCDJJ Case Managers have been trained to document case management activities to meet Medicaid requirements, in an effort to maximize federal funding. However, in order to have a strong, comprehensive case management model, Administration must provide training that meets the needs of Case Managers and Supervisors regarding SCDJJ documentation and policy and Medicaid documentation and policy. While Medicaid funding is a valuable resource to sustain programs

and procure additional tools to assist the rehabilitation of at-risk children, documenting the interventions and progress an adjudicated youth is equally important.

This research clearly supports a need for change. The SCDJJ has adopted the slogan “Change is Possible”¹⁷ from the former Agency Director, Margaret Barber, after she penned the article for The American Probation and Parole Association in the fall of 2012.¹⁸ Ms. Barber’s article applauded the Agency’s success in changing the juvenile justice system in South Carolina. SCDJJ Case Managers are also in need of a change along with a change in organizational structure i.e., one that supports the efforts of Case Managers and their ability to restore young lives.

Establishing this new organizational unit will streamline information, training, technical assistance, and reviews. In doing so, the community will benefit from having a stronger support system and a single centralized contact for clarification and direction. By removing the segregation of three overlapping units who share one common purpose, the agency would merge the functions of the SCDJJ Community Policy, Quality Assurance, and Office of Compliance and Medicaid into a combined unit to be known as the Office of Compliance and Accountability.

The Office of Compliance and Accountability will be stronger and more diverse in its knowledge and skill set than the current three areas, since members of this unit will be able to establish one cohesive approach that will encompass SCDJJ policy and Medicaid standards, as well as data entry in JJMS.

RECOMMENDATIONS

By committing to an organizational structure change and creating a universal unit, the unit would have the authority to outline an all-inclusive, legally defendable; training that encompasses all three areas as well as the relevant topics covered in Community Basic Training and Effective Case Management. In doing so, they would strengthen the foundation of the Case Management training course, and reduce the additional travel expenses to attend overlapping training away from the office and the juveniles on their caseload. Cost savings would evolve to include less travel by compliance personnel to provide additional training and on-site technical assistance. Once Case Managers have an improved support system, and the documentation of Case Management improves, the agency will eventually require fewer staff to monitor compliance, as the need for one-on-one technical assistance will be reduced.

The new unit will address the areas of concern, desired outcomes, and goals discussed in the taskforce, and the responses in the survey. One of the first tasks to address will be the lack of a strong, comprehensive, supervisor-training program. Although SCDJJ offers introductory supervisory training, subject matter experts who have examined this program agree that it focuses on Human Resources management and is not comprehensive in nature.

¹⁷ SCDJJ Website, <http://www.state.sc.us/djj/>

¹⁸ <http://www.state.sc.us/djj/pdfs/change-is-possible-article.pdf>

While it is important that supervisors are trained to manage people according to Human Resources Rules and Standards, SCDJJ should also offer supervisory staff training tailored to provide them with a working knowledge of the rules their subordinate Case Managers are required to follow. Having a good working knowledge of the SCDJJ Policy and the MTCM program will empower supervisors and County Directors to lead their Case Managers in providing quality services for our juveniles and their families. Having well trained supervisors and County Directors will assist the new unit maintain ongoing, quality oversight.

In addition to supervisory training, the unit will focus on resources. Understanding the various treatment opportunities available within each community and how those interventions can address the juvenile's identified needs, is critical to the success of the juvenile's Case Management plan. Investing in increased resources to assist Case Managers to meet the juvenile's needs will also reduce the strain and difficulty of adhering to rules and regulations that they are mandated to follow.

Accountability for the Case Manager's compliance with SCDJJ Policy, JJMS accuracy, and Medicaid standards will also be addressed. Ultimately the primary goal, as it should be, is to supervise the court ordered stipulations of each juvenile on a Case Manager's caseload. However, having both positive and negative reinforcement consequences for Case Manager performance may improve the quality and timeliness of documenting the services delivered. Human behavior directly influences performance. This holds true in one's professional, as well as personal life. Research has shown positive reinforcement results in positive behavior. Likewise, having negative consequences for poor behavior will result in less future poor behavior. Establishing clear tangible and intangible rewards that are implemented immediately following the behavior or performance may be an additional hidden influence to effect performance.¹⁹

It is therefore recommended that management establish the new Office of Compliance and Accountability. The new unit should be tasked with developing universal, comprehensive training for Case Managers and their supervisors, developing universal auditing tools, with identifying resources to assist Case Managers, for creating tools to measure the success of Case Managers and programs, to develop policies to support appropriate positive and negative reinforcement and to implement SCDJJ Policy as it evolves. The taskforce has been an invaluable tool in developing this recommendation and it should be continued in an advisory capacity to help establish this new Office.

Based on this research project, I am committed to contributing to the continued success of SCDJJ as it goes forward by working toward building an improved community support system.

¹⁹ "Why employees don't do what they are supposed to do and what to do about it", Ferdinand F. Fournies, 2007

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Survey - Building an improved Community Support System.

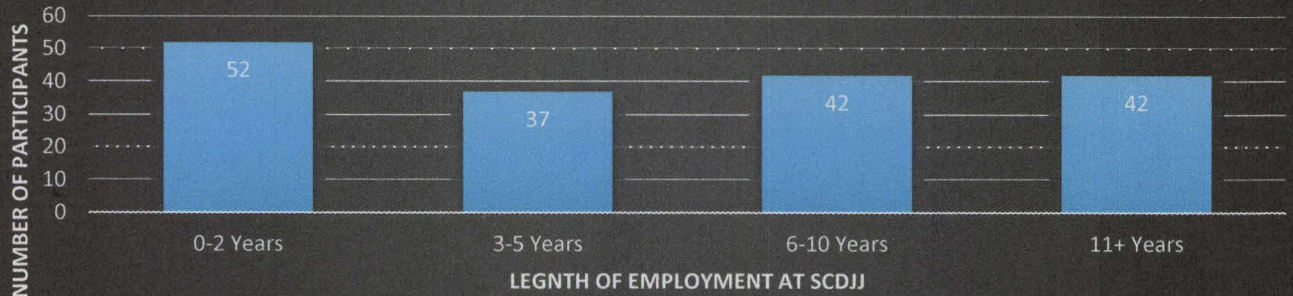
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Supporting Graphs

Section 1 (Graphs 1-2):

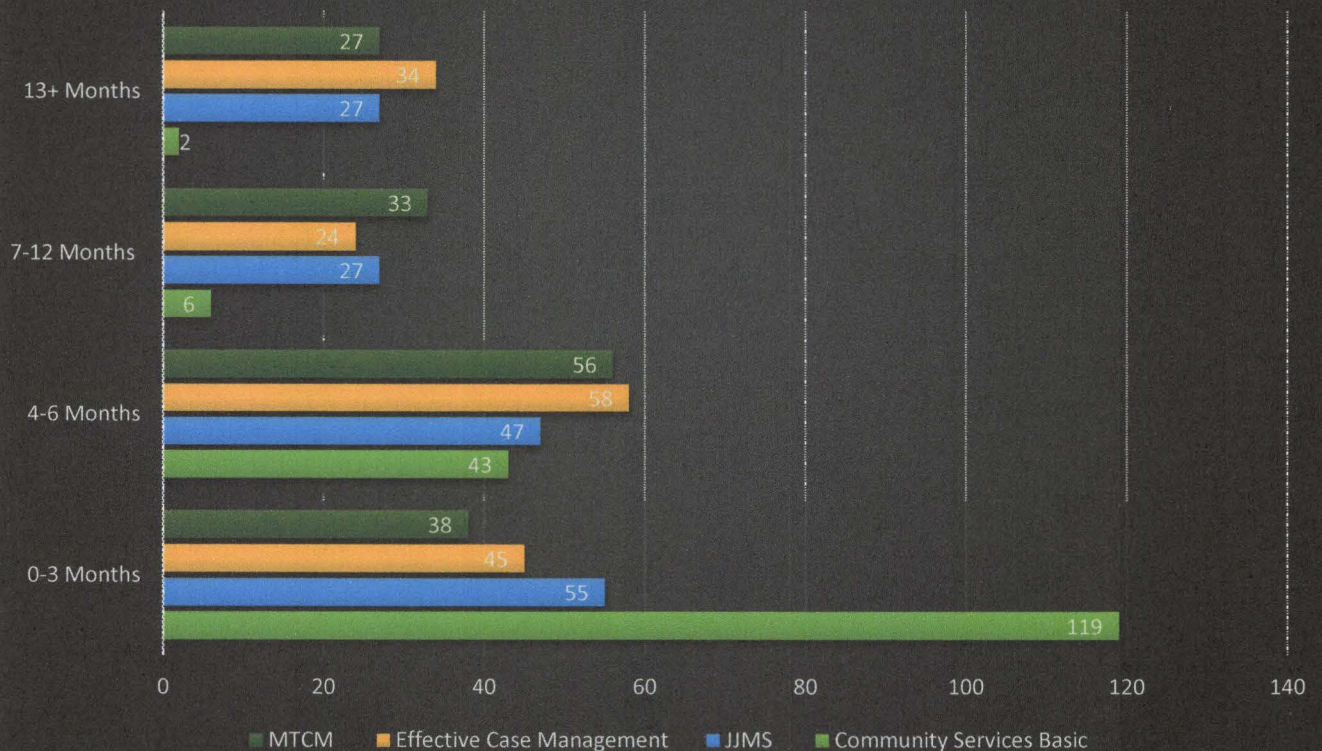
Graph 1:

How many years have you been employed with DJJ?



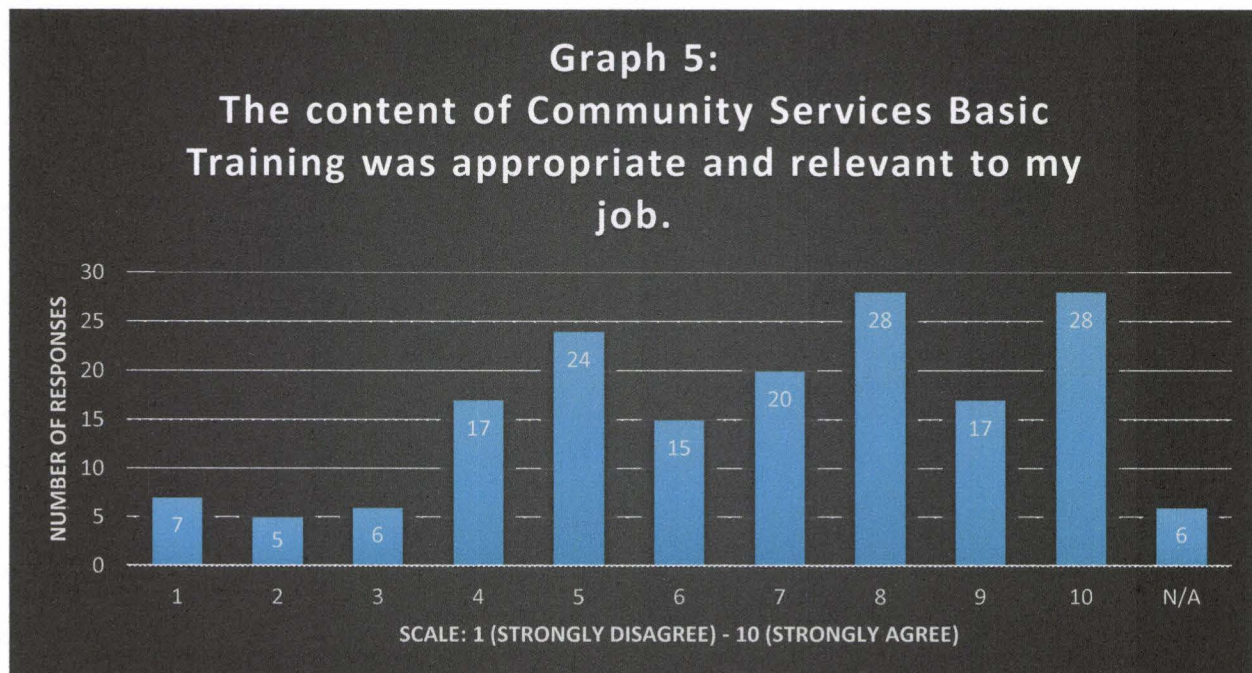
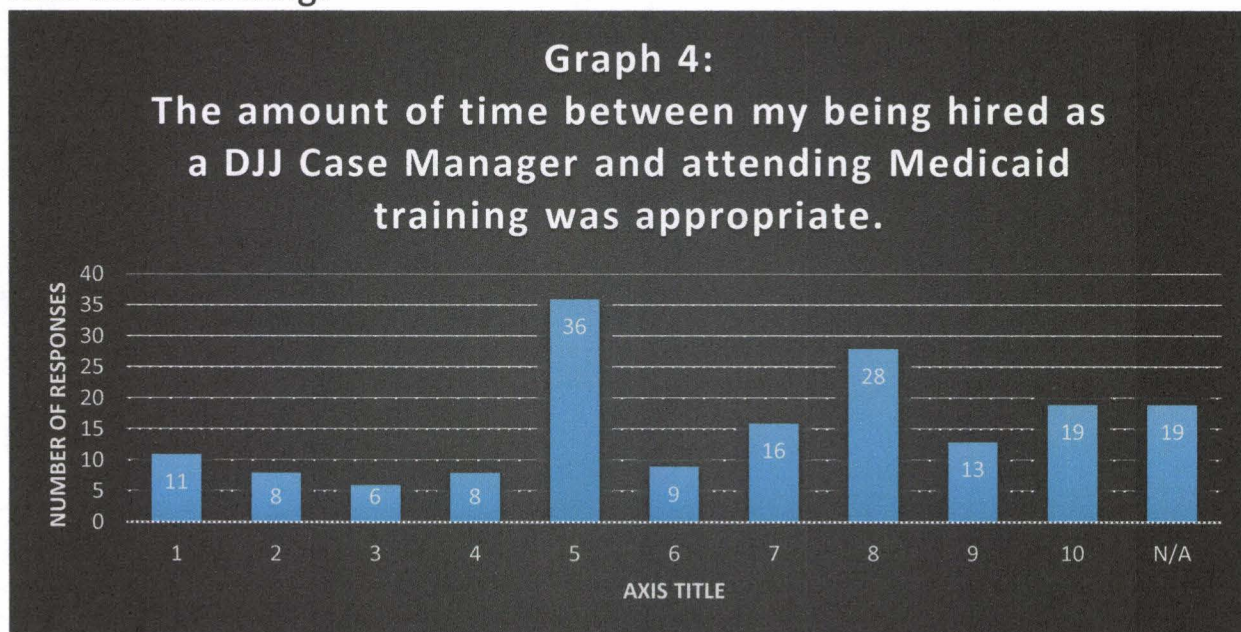
Graph 2:

For employees who have attended, how long after you were hired did you attend the following trainings?



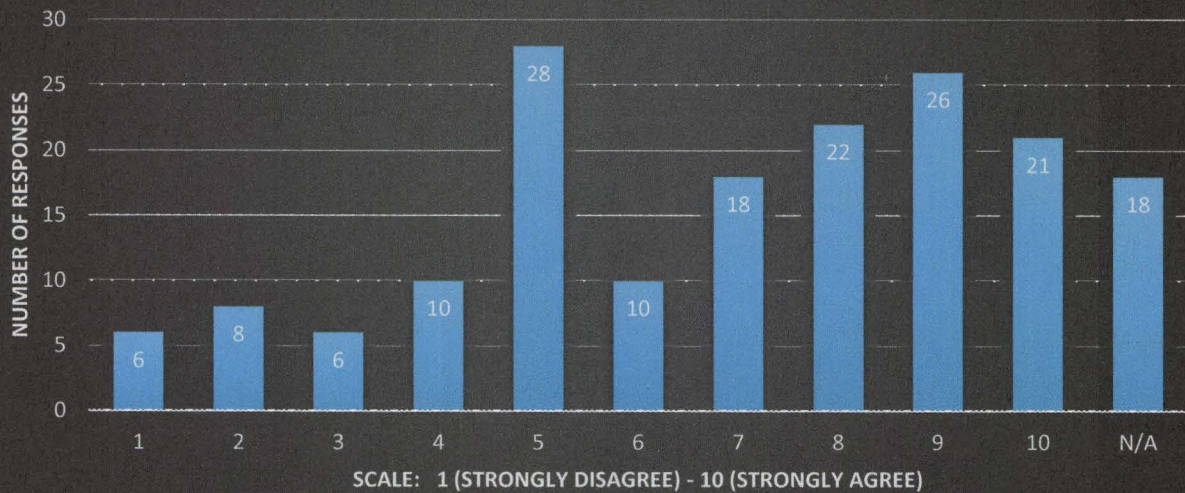
Section 2 (Graphs 4-7):

On a scale of 1 (Strongly Disagree), 5 (Neutral), to 10 (Strongly Agree) rate the following:



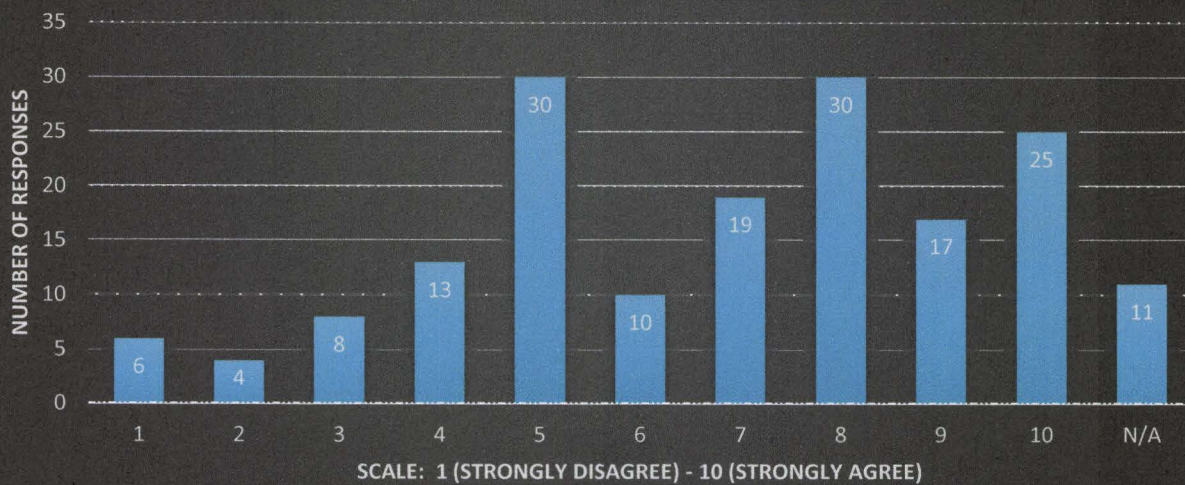
Graph 6:

The information presented during the Medicaid training was clear and readily understandable.



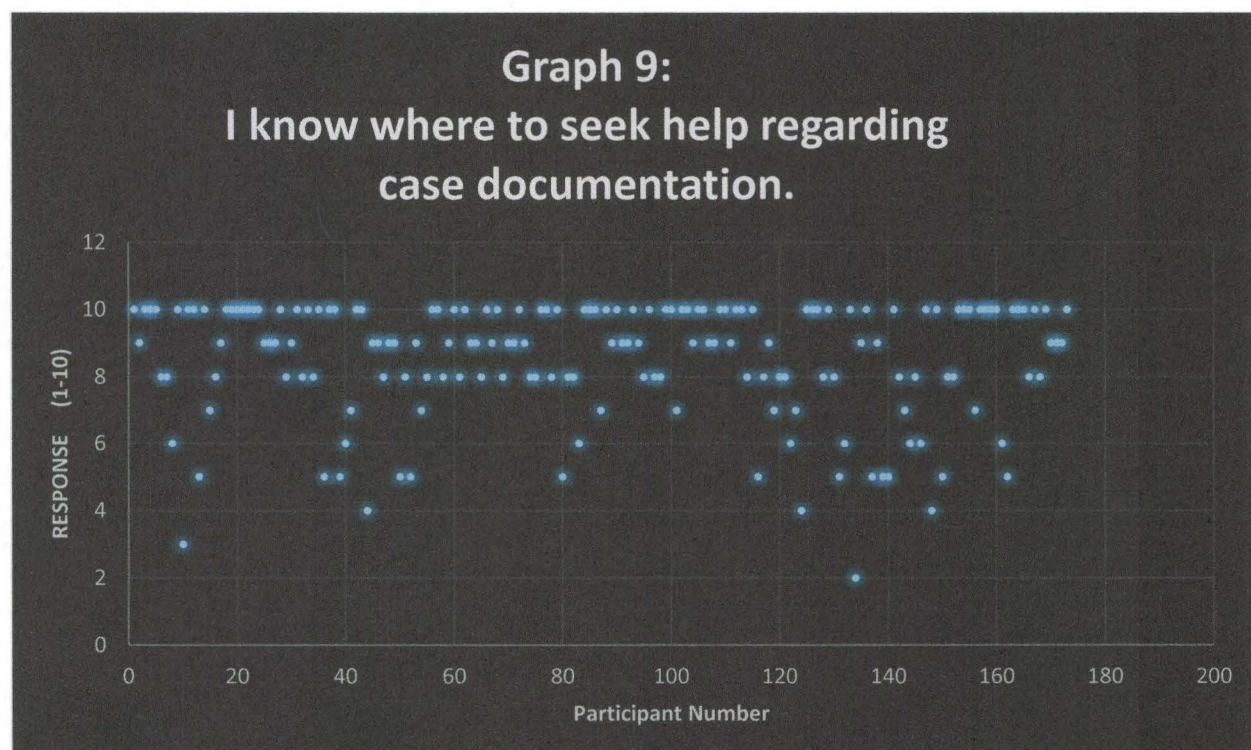
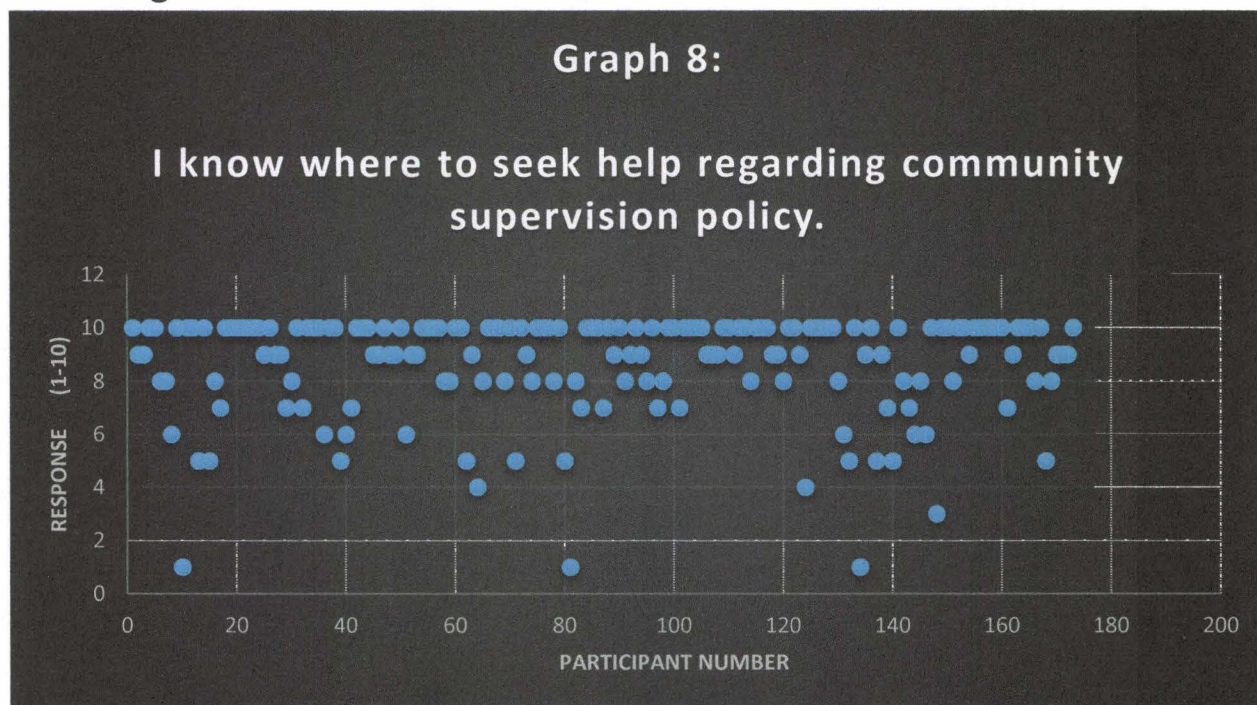
Graph 7:

Case management requirements are clearly outlined during training.

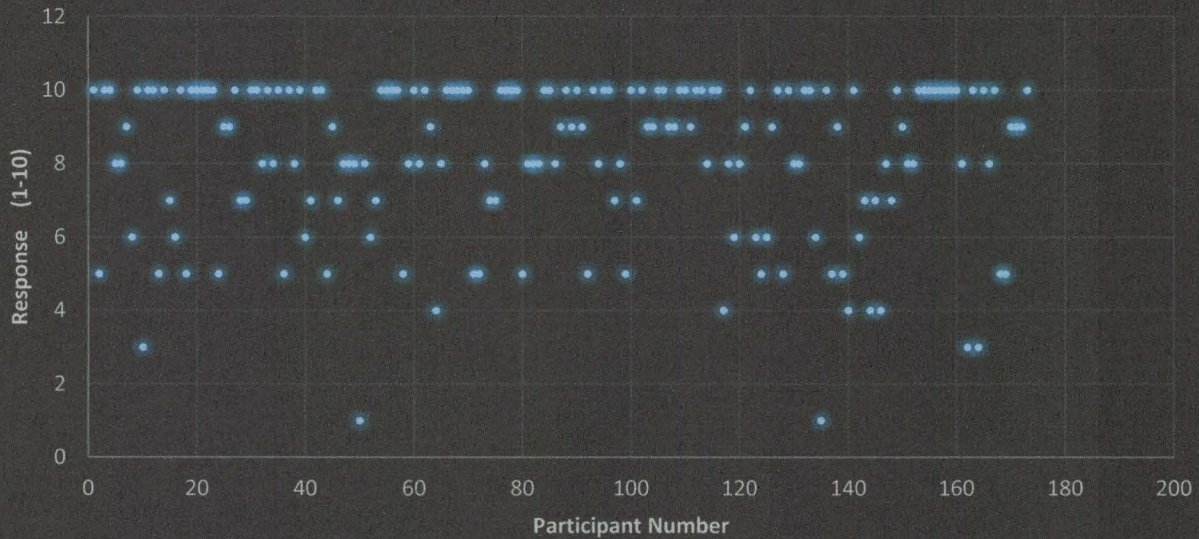


Section 3 (Graphs 8-11):

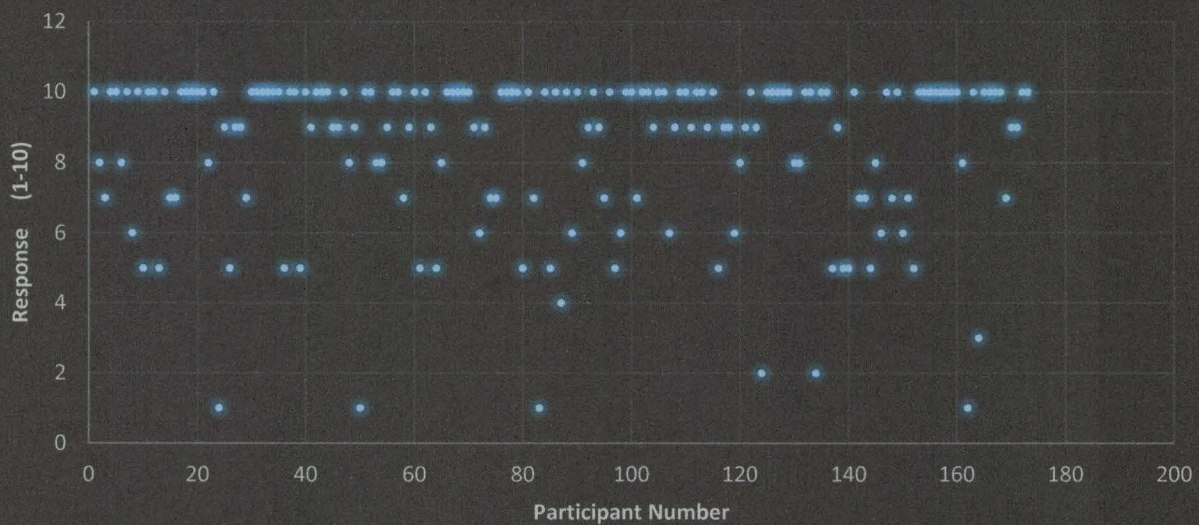
On a scale of 1 (Never Know), 5 (Neutral), to 10 (Always Know) rate the following:



Graph 10:
I know where to seek help regarding
Medicaid standards.

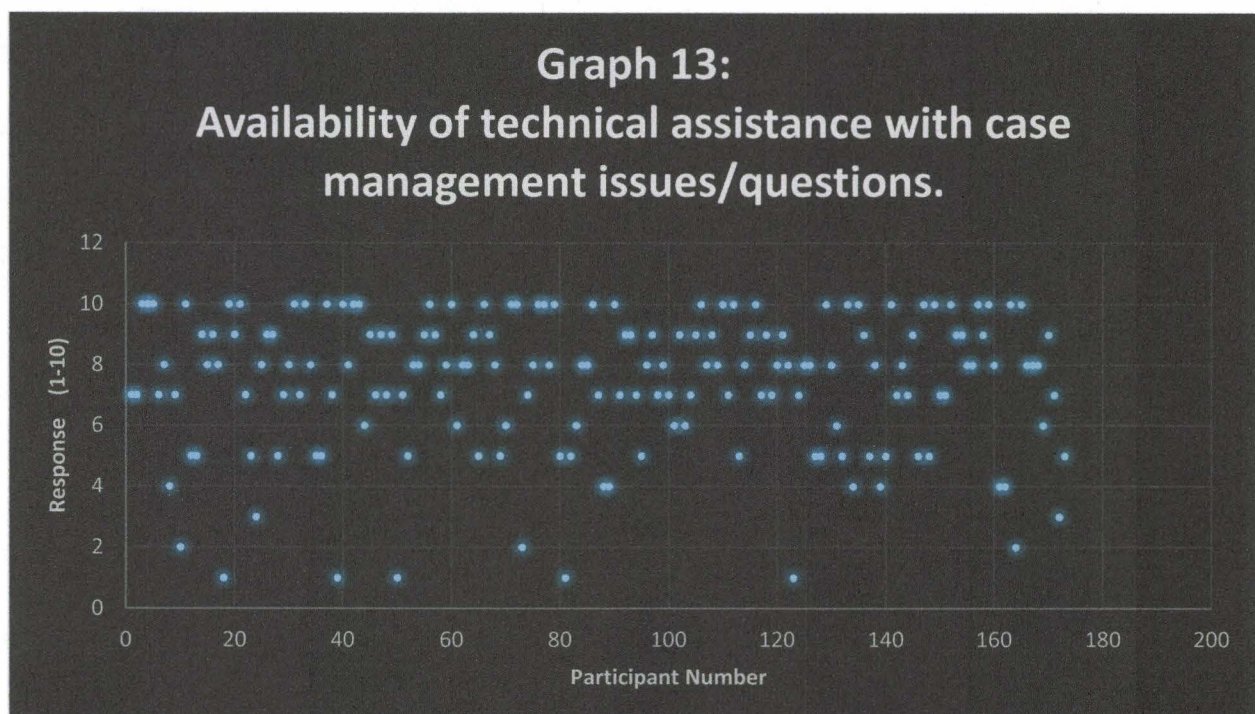
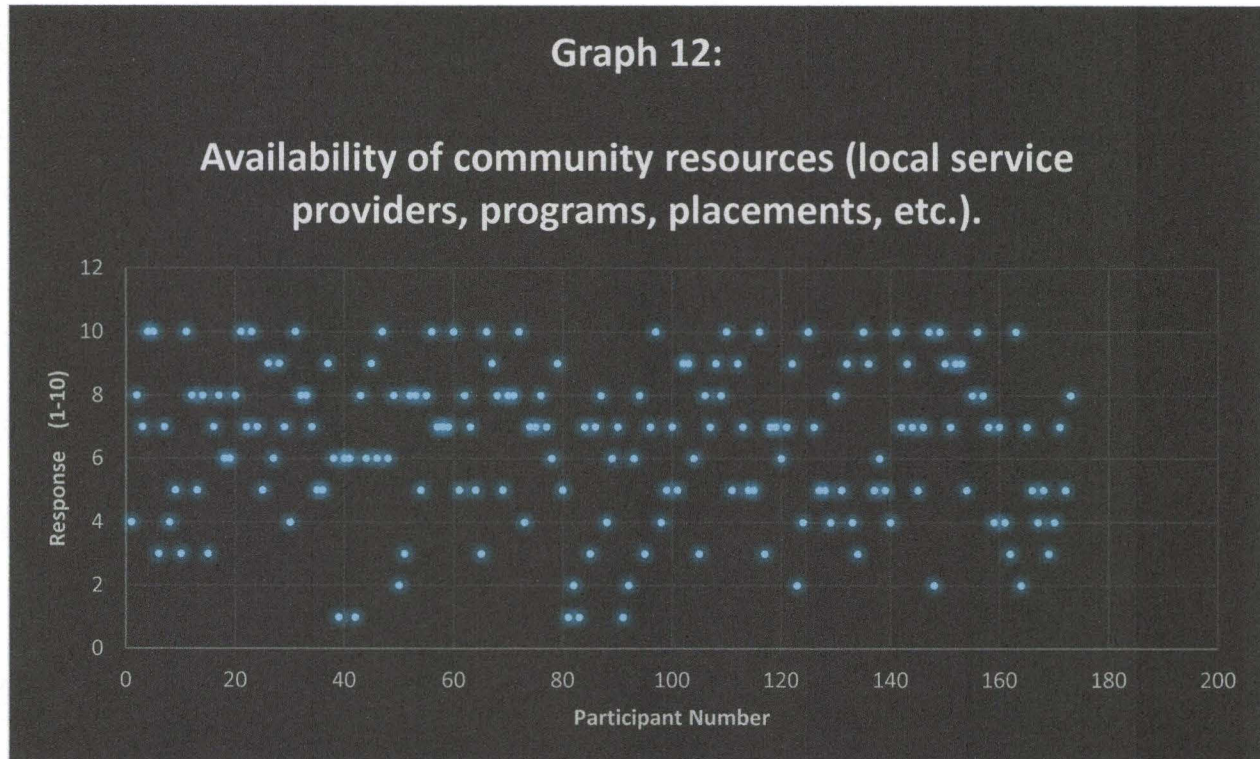


Graph 11:
I know where to seek help regarding JJMS.

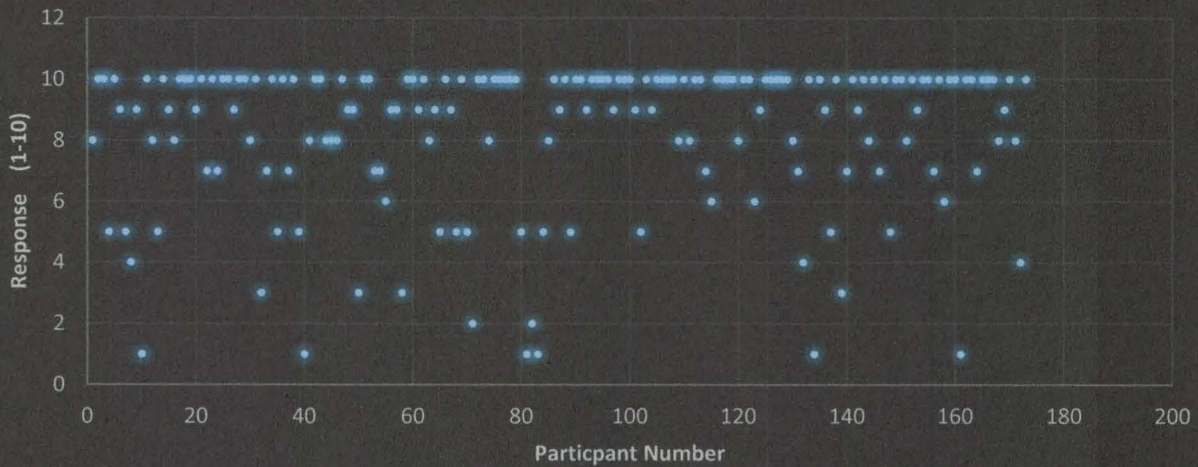


Section 4 (Graphs 12-16):

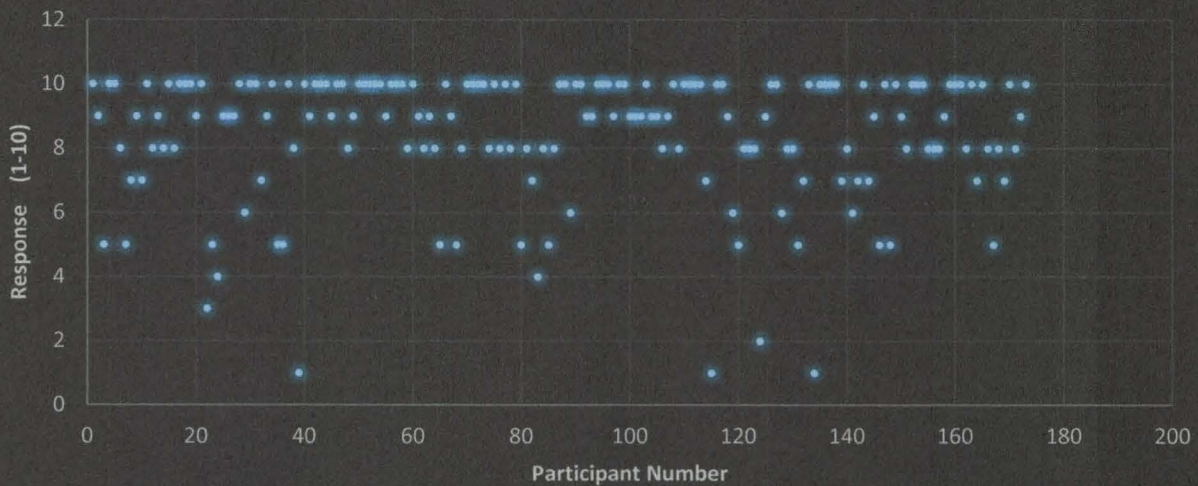
On a scale of 1 (Never Available), 5 (Neutral), to 10 (Always Available) rate the following:



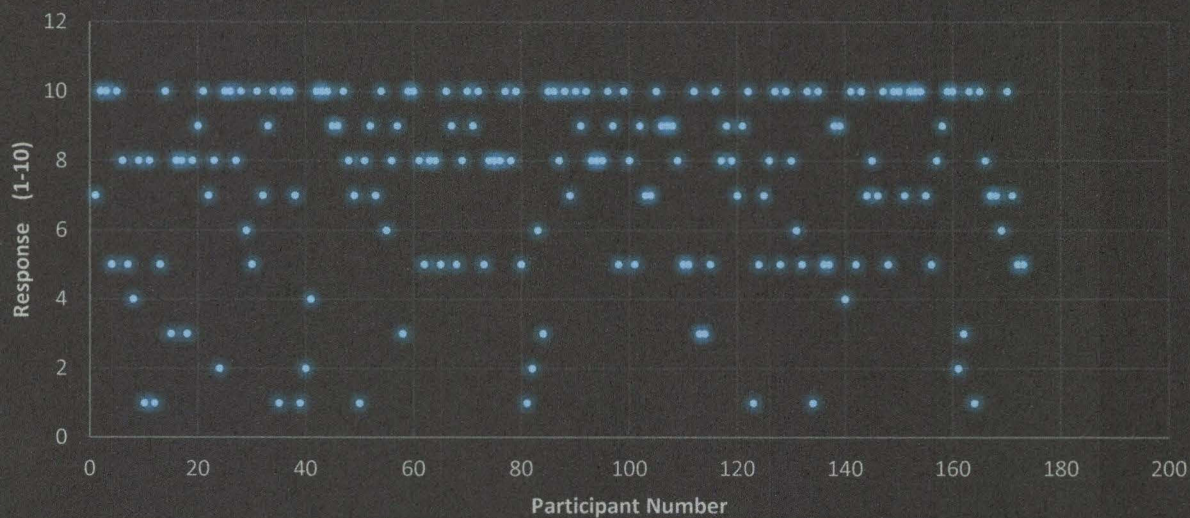
Graph 14:
**Availability of support from my
immediate supervisor.**



Graph 15:
**Availability of support from
other case managers.**



Graph 16:
Availability of support from DJJ senior
management (DJJ Director, Community Services
Deputy, RAs, etc.).

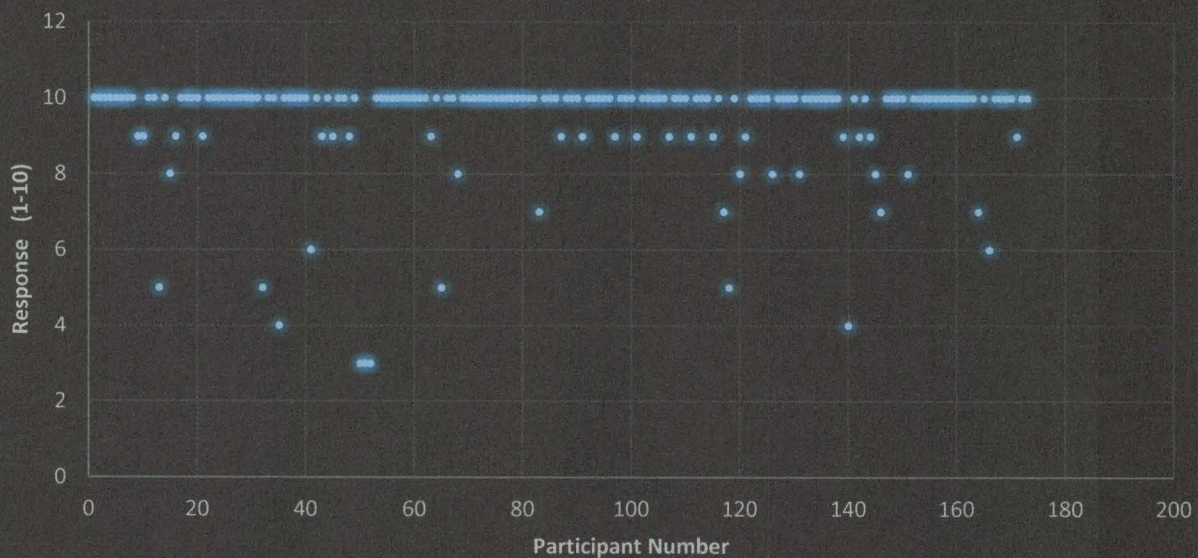


Section 5 (Graphs 17-22):

On a scale of 1 (Not Important), 5 (Neutral), to 10 (Very Important) rate the following:

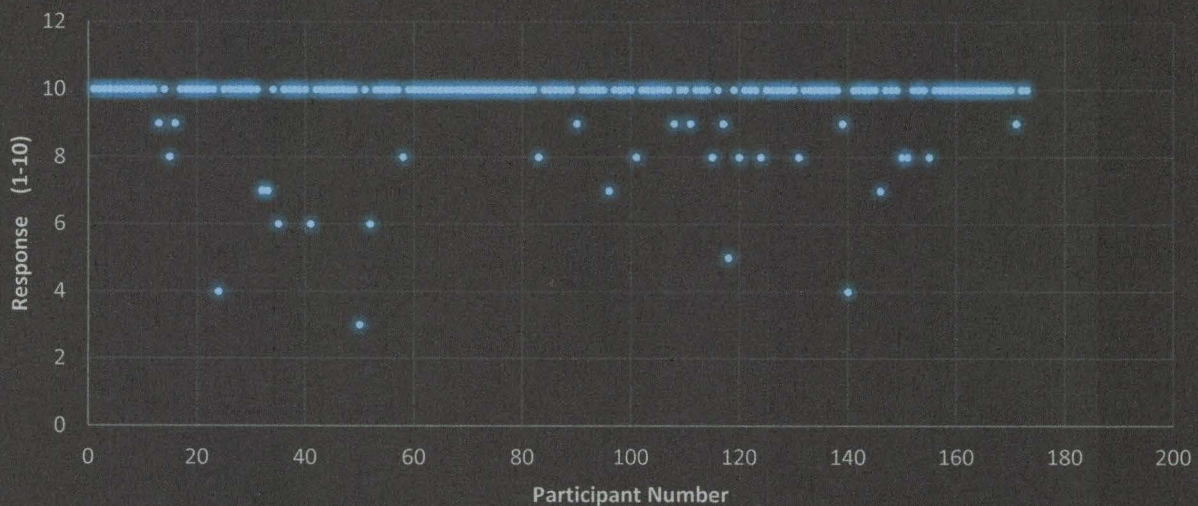
Graph 17:

1. Importance of case management.

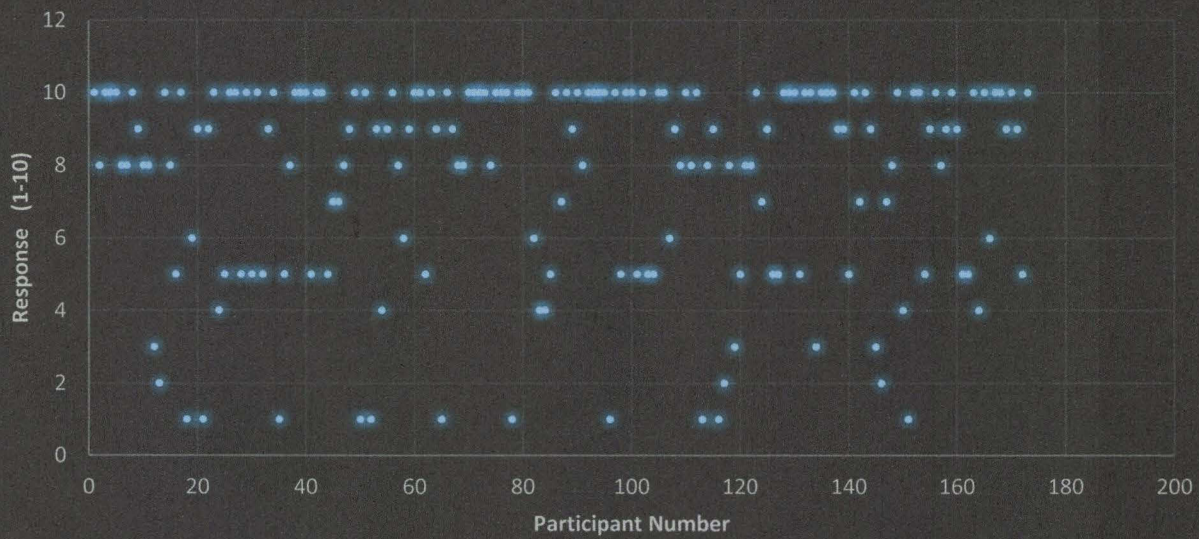


Graph 18:

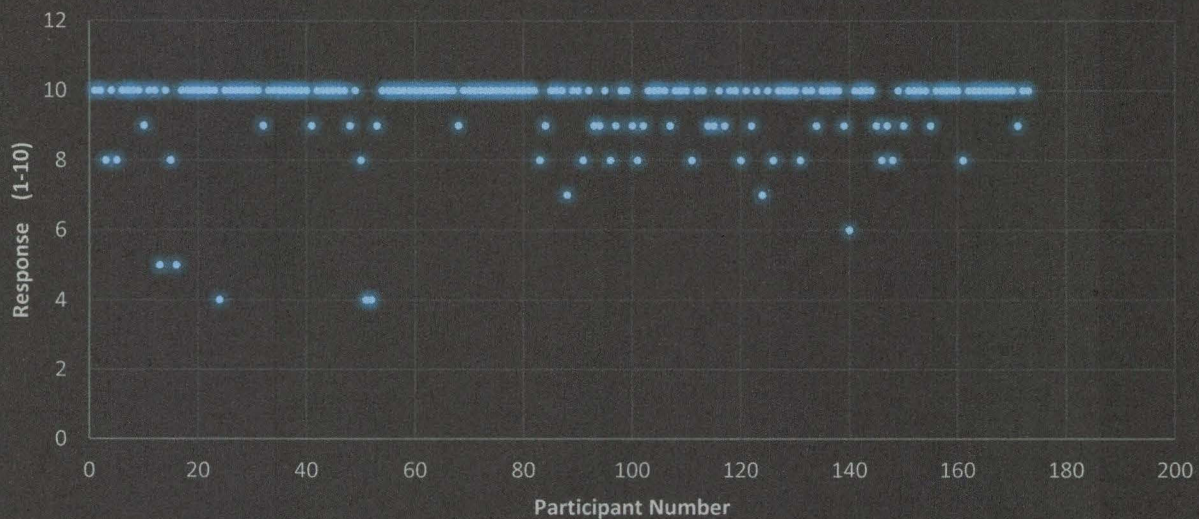
Importance of documentation.



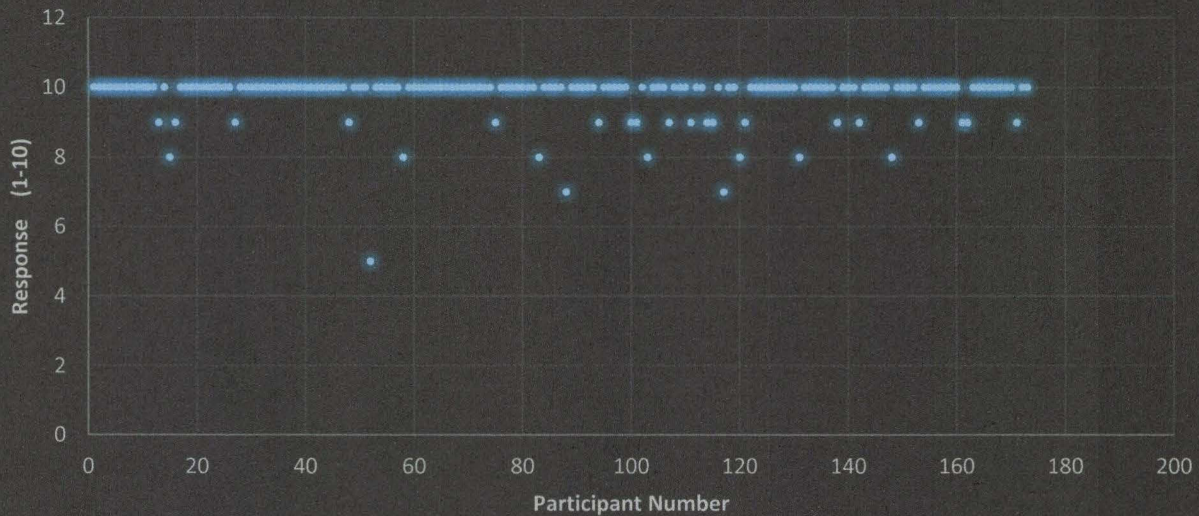
Graph 19:
Importance of Medicaid funding for DJJ.



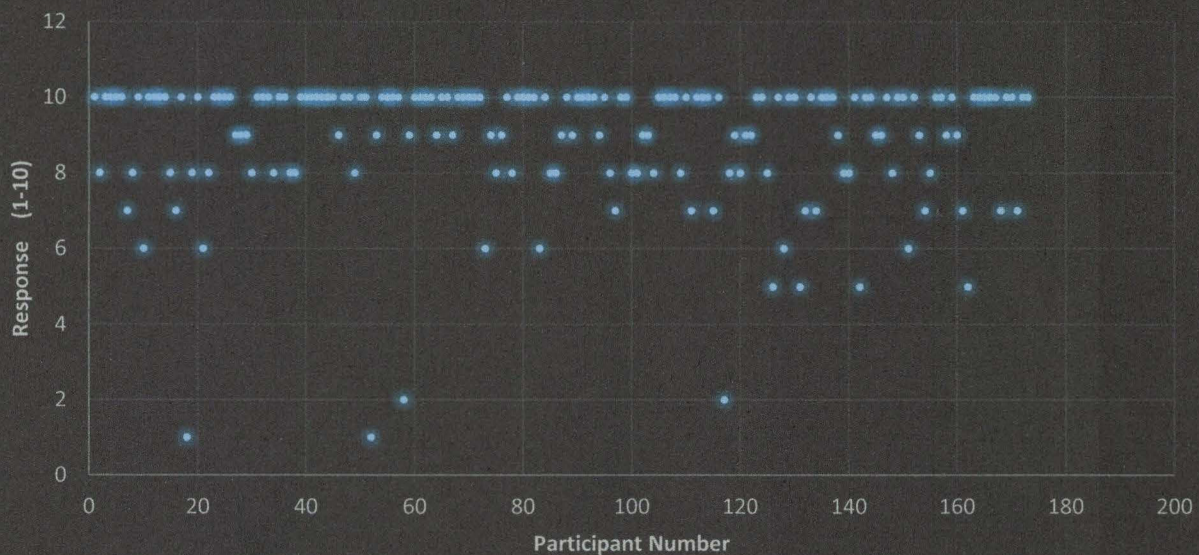
Graph 20:
**Importance of adhering to
 DJJ policy and procedure.**



Graph 21:
Importance of meeting the identified needs of juveniles and their families.

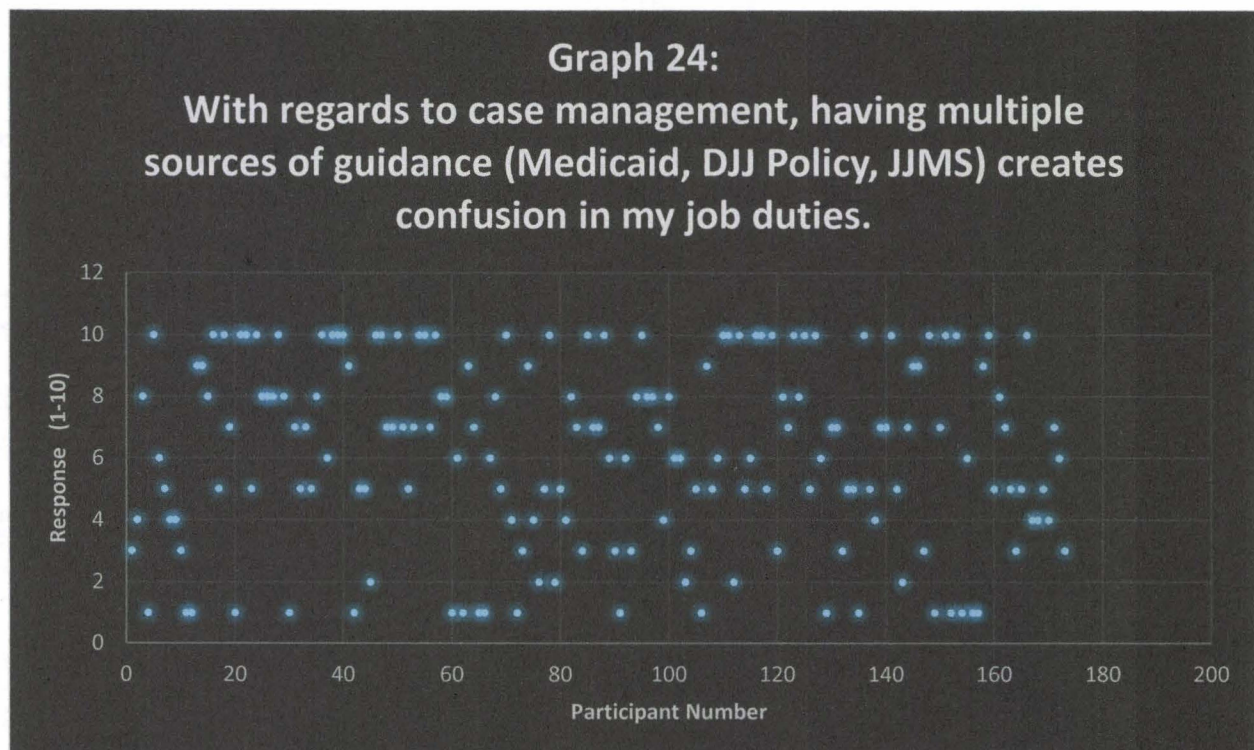
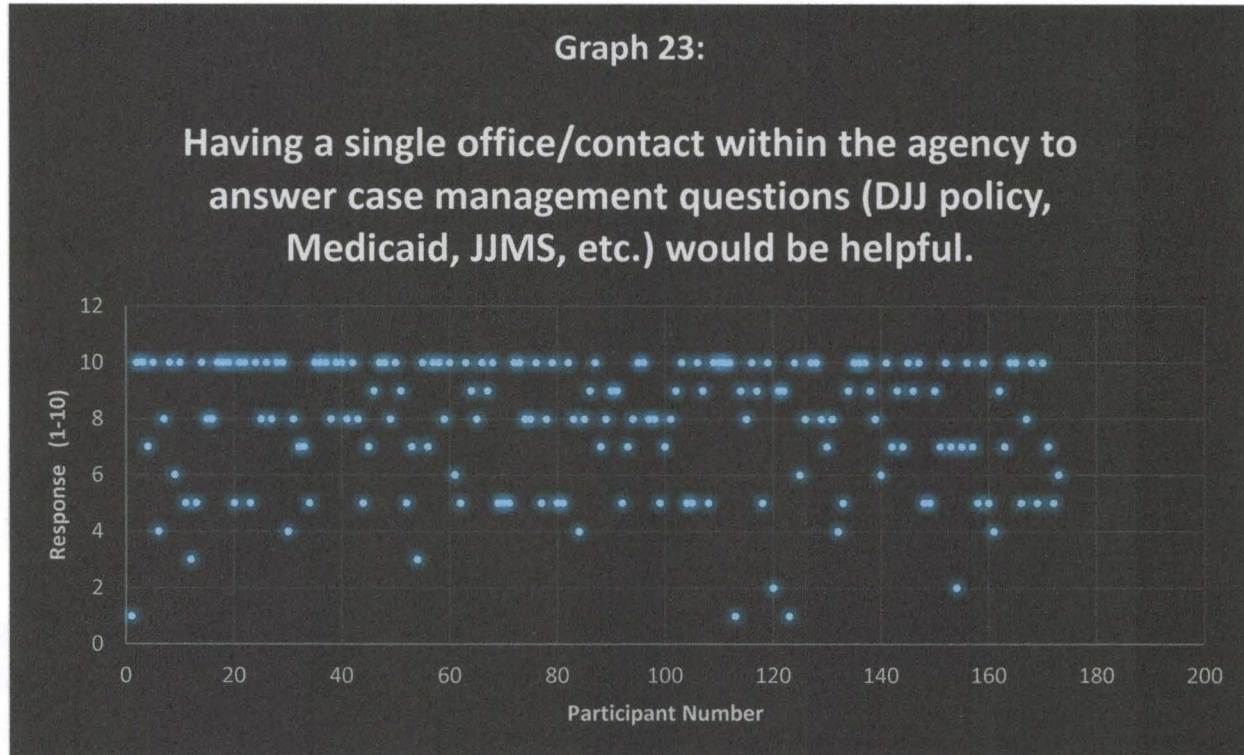


Graph 22:
Importance of using graduated responses.

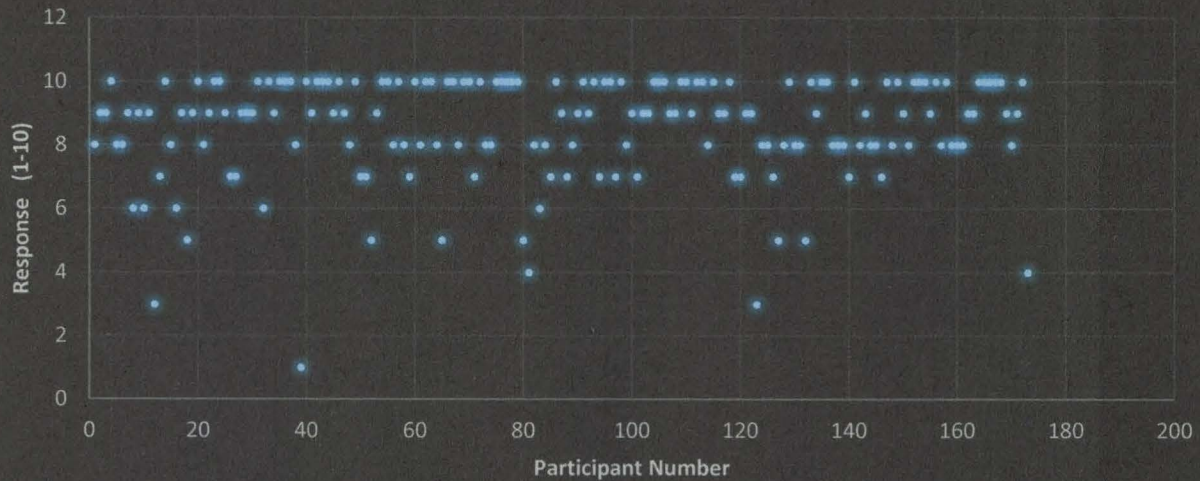


Section 6 (Graphs 23-35:

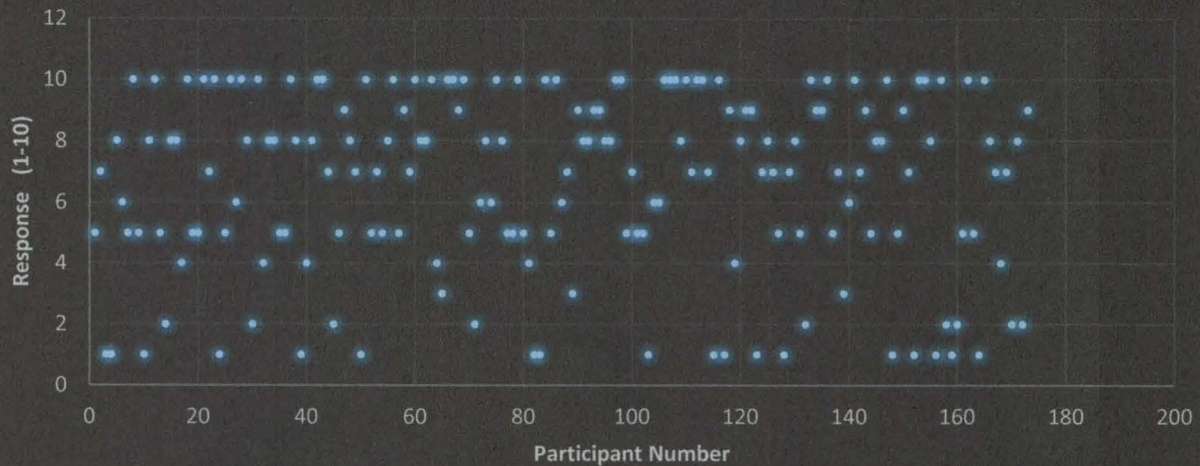
On a scale of 1 (Strongly Disagree), 5 (Neutral), to 10 (Strongly Agree) rate the following:



Graph 25:
**I understand the DJJ policies that are relevant to
 my specific job duties.**

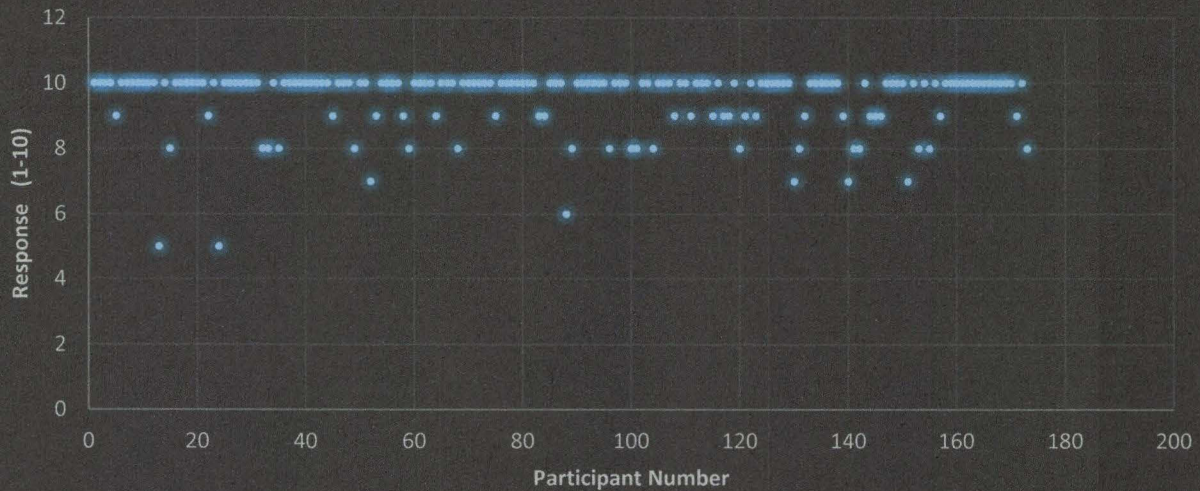


Graph 26:
**Updated DJJ policies and procedures (relevant to my
 job duties) are reviewed and the changes explained to
 me by my supervisor within 30 days of publication.**



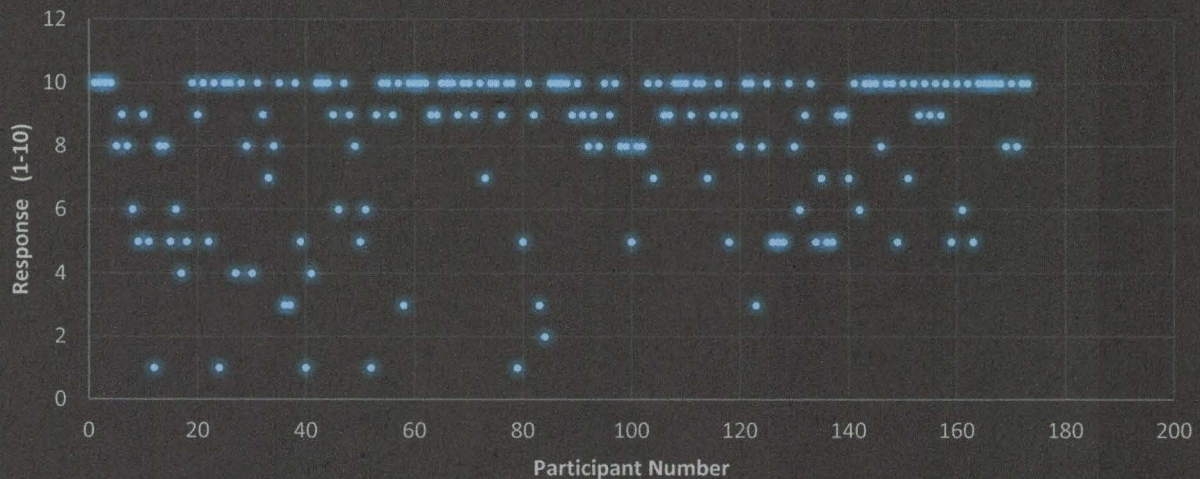
Graph 27:

It is important to document the hands-on, face-to-face activity, of supervising youth on probation or parole.

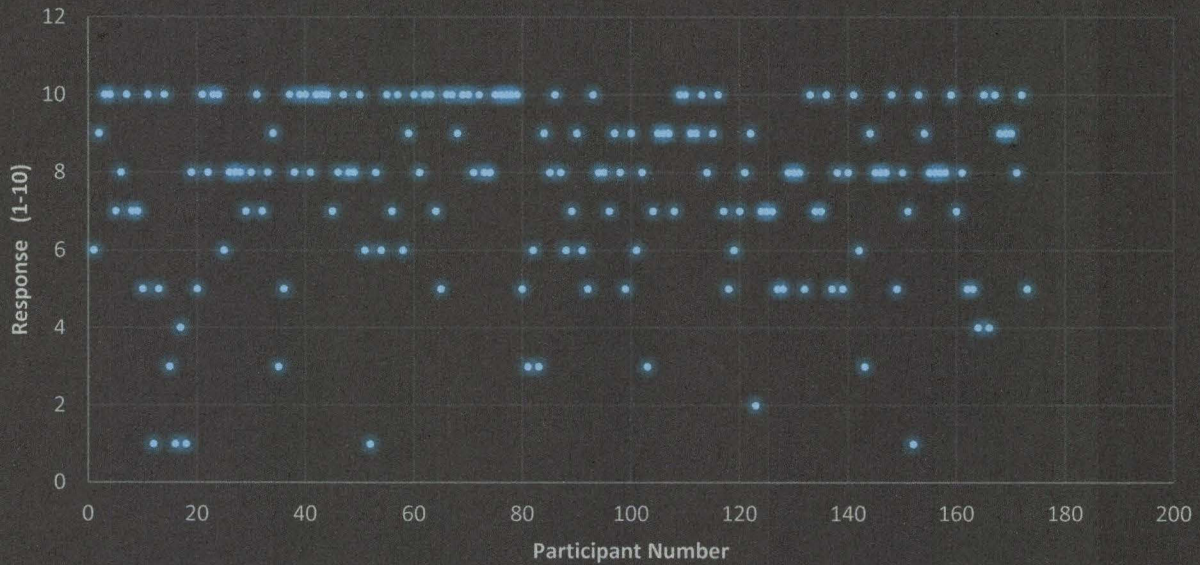


Graph 28:

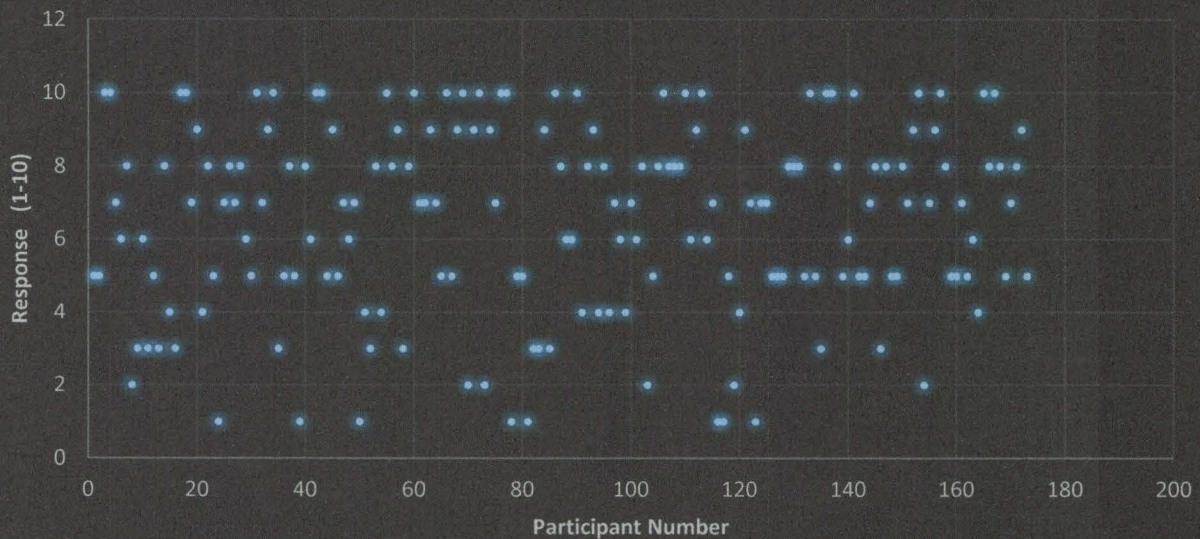
I am comfortable with the number of cases on my caseload, or if a supervisor on the caseload of those I supervise.



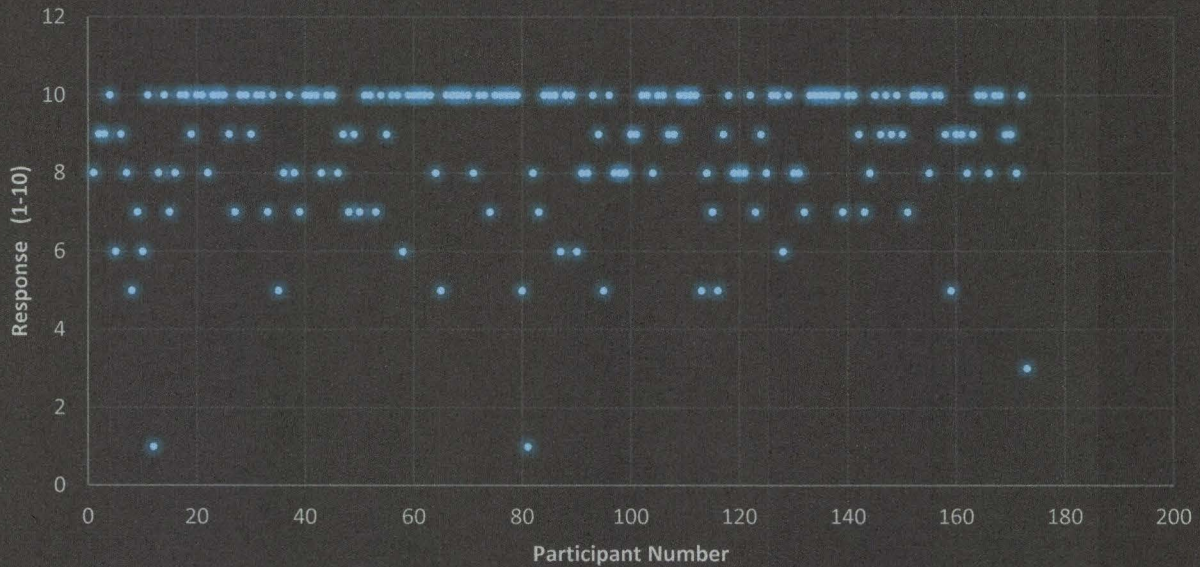
Graph 29:
**I understand the Medicaid standards that
are relevant to my job duties.**



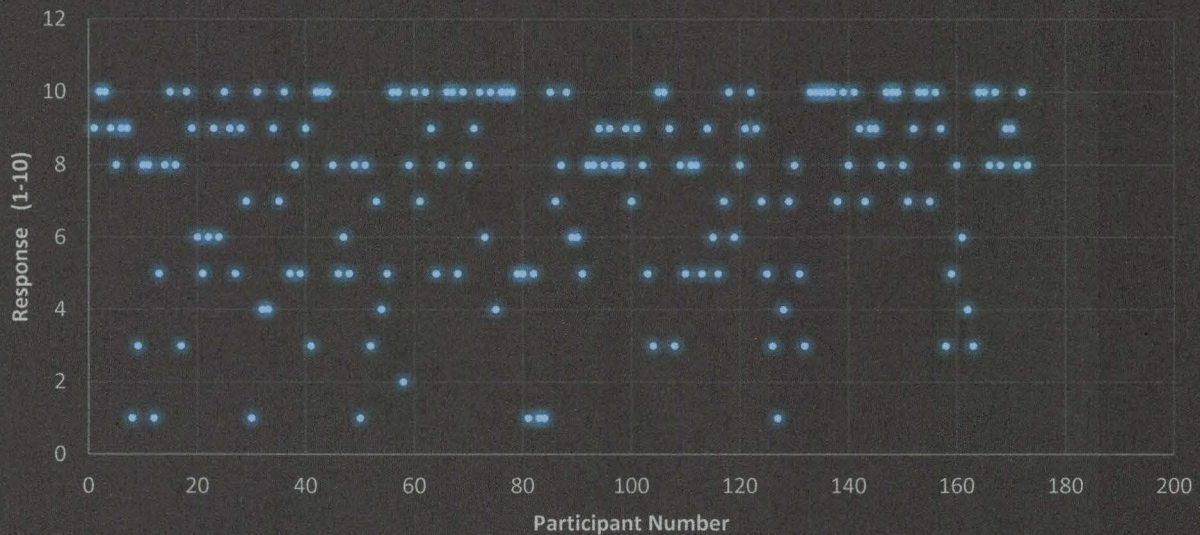
Graph 30:
**I believe the Medicaid standards and DJJ policy are
consistently and clearly defined.**



Graph 31:
I am comfortable using JJMS as it pertains
to my job duties.

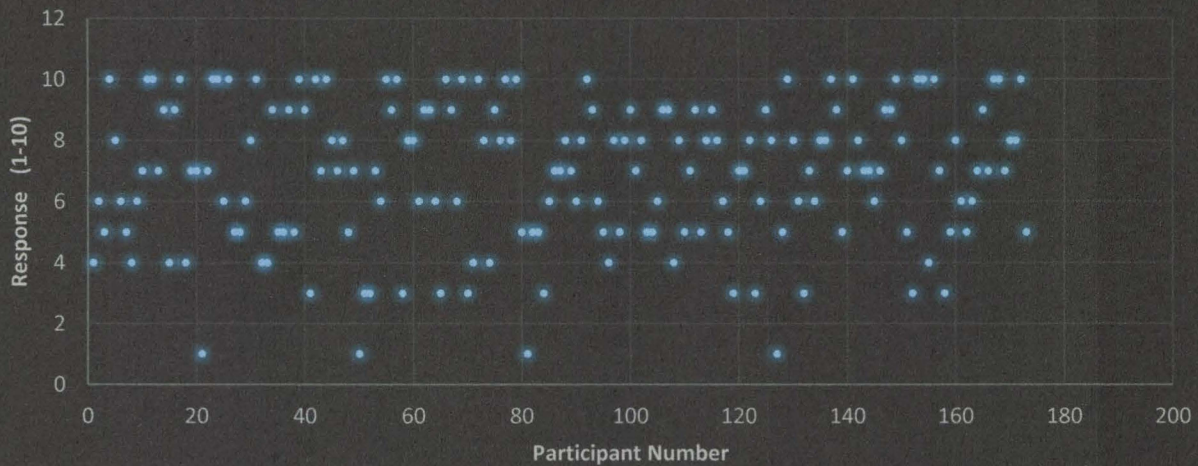


Graph 32:
I am able to enter my activity notes into JJMS within
the allotted timeframe specified in policy.



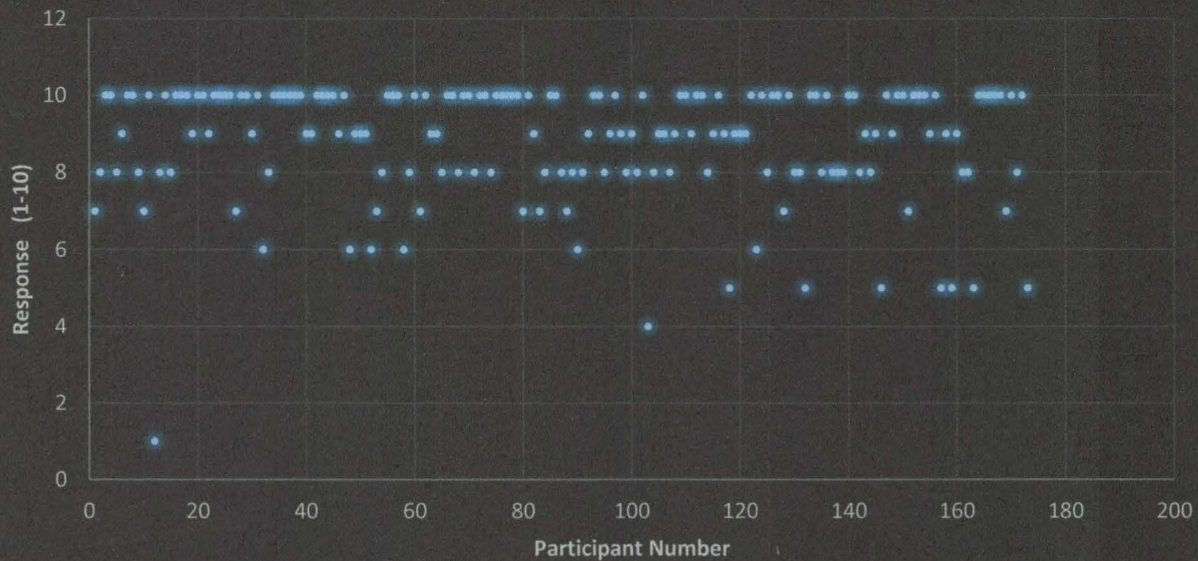
Graph 33:

I am confident when selecting the appropriate contact type/TCM activity when entering activity notes into JJMS.

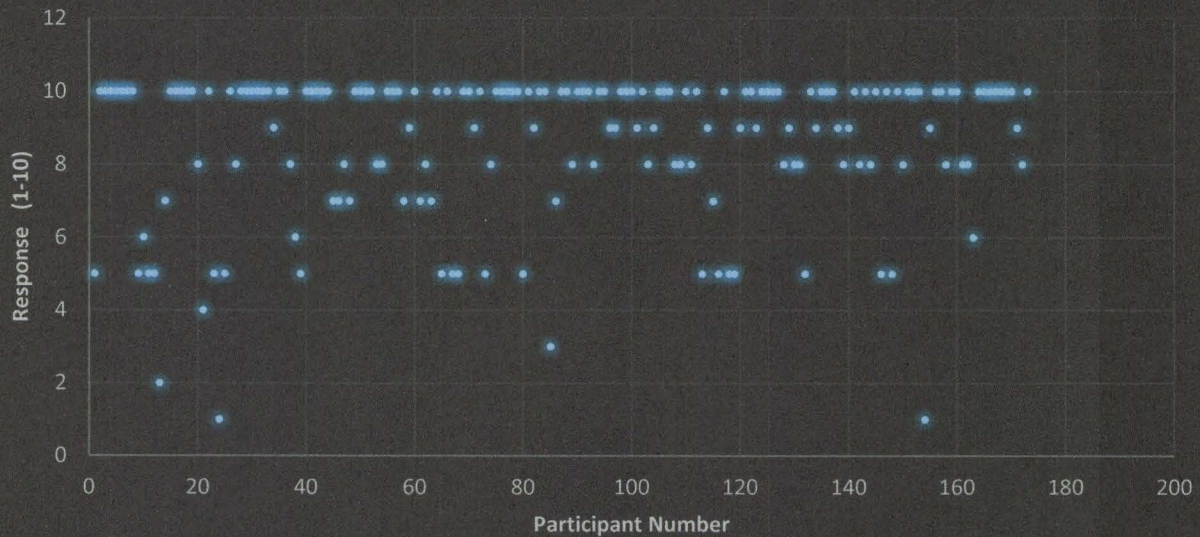


Graph 34:

When it comes to case management, I am able to recognize my own strengths and weaknesses.



Graph 35:
**Shadowing an experienced case manager would be a
good tool to help new employees learn their job
functions.**



Appendix A

Survey:

Revised: 9/21/2015

CPM Project – Survey Title: *Building an Improved Community Support System*

Target Audience: Front-line County Case Managers (Intake/Probation/ISO), Supervisors, and County Directors

Survey Method: Excel Cloud survey, completely anonymous identity/responses, link sent from the Director of Community Development's desk.

Thank you for taking time to participate in this survey. The purpose of the survey is to help your leadership and support staff understand how to best provide enhanced customer support, and empower front-line case managers, supervisors, and county directors with the knowledge and skills they require to make a difference in the lives of the juveniles and families we serve. Your input is valued and will help us design a united system of training and support.

This survey should only take about 10 minutes, and your identity and answers are completely anonymous. Please respond to all of the questions/statements in each of the six sections by selecting from each of the drop-downs, provide any comments in the space provided at the end of the survey, and when completed click on the "submit" button at the bottom of the survey to register your answers.

Thank You!

Section 1

1. How many years have you been employed with DJJ?
☐ 0-2 years ☐ 3-5 years ☐ 6-10 years ☐ 11+ years
2. How long after you were hired did you attend Community Services Basic Training?
☐ 0-3 months ☐ 4-6 months ☐ 7-12 months ☐ 13+ months ☐ Have not attended
3. How long after you were hired did you attend JJMS Training?
☐ 0-3 months ☐ 4-6 months ☐ 7-12 months ☐ 13+ months ☐ Have not attended
4. How long after you were hired did you attend Effective Case Management training?
☐ 0-3 months ☐ 4-6 months ☐ 7-12 months ☐ 13+ months ☐ Have not attended
5. How long after you were hired did you attend Medicaid Targeted Case Management (MTCM) training?
☐ 0-3 months ☐ 4-6 months ☐ 7-12 months ☐ 13+ months
☐ Have not attended ☐ Not applicable to my Job
6. How long after you were hired did you attend GAIN-SS/Medicaid training?
☐ 0-3 months ☐ 4-6 months ☐ 7-12 months ☐ 13+ months
☐ Have not attended ☐ Not applicable to my Job

Section 2

On a scale of 1 (Strongly Disagree), 5 (Neutral), to 10 (Strongly Agree) rate the following:

1. The amount of time between a new case manager being hired and attending Community Services Basic Training is appropriate.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

2. The content of Community Services Basic Training was appropriate and relevant to my job.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

N/A

3. The amount of time between my being hired as a DJJ Case Manager and attending Medicaid training was appropriate.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

N/A

4. The information presented during the Medicaid training was clear and readily understandable.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

N/A

5. Case management requirements are clearly outlined during training.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ N/A

Section 3

On a scale of 1 (Never Know), 5 (Neutral), to 10 (Always Know) rate the following:

1. I know where to seek help regarding community supervision policy.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

2. I know where to seek help regarding case documentation.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

3. I know where to seek help regarding Medicaid standards.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

4. I know where to seek help regarding JJMS.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Section 4

On a scale of 1 (Never Available), 5 (Neutral), to 10 (Always Available) rate the following:

1. Availability of community resources (local service providers, programs, placements, etc.).
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
2. Availability of technical assistance with case management issues/questions.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
3. Availability of support from my immediate supervisor.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
4. Availability of support from other case managers.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
5. Availability of support from DJJ senior management (DJJ Director, Community Services Deputy, RAs, etc.).
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Section 5

On a scale of 1 (Not Important), 5 (Neutral), to 10 (Very Important) rate the following:

1. Importance of case management.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
2. Importance of documentation.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
3. Importance of Medicaid funding for DJJ.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
4. Importance of adhering to DJJ policy and procedure.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
5. Importance of meeting the identified needs of juveniles and their families.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
6. Importance of using graduated responses.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Section 6

On a scale of 1 (Strongly Disagree), 5 (Neutral), to 10 (Strongly Agree) rate the following:

1. Having a single office/contact within the agency to answer case management questions (DJJ policy, Medicaid, JJMS, etc.) would be helpful.
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

2. With regards to case management, having multiple sources of guidance (Medicaid, DJJ Policy, JJMS) creates confusion in my job duties.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

3. I understand the DJJ policies that are relevant to my specific job duties.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

4. Updated DJJ policies and procedures (relevant to my job duties) are reviewed and the changes explained to me by my supervisor within 30 days of publication.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

5. It is important to document the hands-on, face-to-face activity, of supervising youth on probation or parole.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

6. I am comfortable with the number of cases on my caseload, or if a supervisor on the caseload of those I supervise.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

7. I have good personal time management skills.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

8. I understand the Medicaid standards that are relevant to my job duties.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

9. I believe the Medicaid standards and DJJ policy are clearly defined.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

10. I am comfortable using JJMS as it pertains to my job duties.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

11. I am able to enter my activity notes into JJMS within the allotted timeframe specified in policy.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

12. I am confident when selecting the appropriate contact type/TCM activity when entering activity notes in JJMS.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

13. When it comes to case management, I am able to recognize my own strengths and weaknesses.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

14. Shadowing an experienced case manager would be a good tool to help new employees learn their job functions.

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Comments

In the space below please let us know if there are any other specific trainings or resources that would help make your job easier and more effective.

Text...

Comments made in text field of Survey:

- more trainings from Clemson University. They are fabulous and the trainings are interesting and pertain to what we do and make you want to do better.
- Appropriate professional responses when dealing with irate parents or dealing with your supervisor.
- Although the information given during Community Services Basic Training is good information, it pales in comparison to on-the-job training. There needs to be a greater emphasis placed on supervisors to make certain new employees or employees in new roles can make the transition into their new roles/responsibilities as case managers. Also, the emphasis shouldn't fall solely on the supervisors, but the rest of the community office staff should be encouraged to assist new case managers in understanding their new roles. It's got to be understood that we, as an agency, want everyone to succeed; regardless of being an employee or a juvenile under supervision. This will help encourage seasoned veterans to reach out to the "greener" employees in order to assist in the transition into the DJJ family.
- Activity Note documentation-what should be in the notes.
- Charleston county deadlines need to be revamped!

- Documenting would be much easier if it was a standard template of questions to ask and selection to check (yes, no, etc. boxes). Also there could be a small area on the template to type additional comments if needed. A talk to type application would also help make documenting less time consuming. A phone in the state car so that we do not have to call families from our personal cell phones if we are in route to a home visit and get lost or something happens that is going to make us late. More security in our office (metal detector, locked door entry to get to offices from lobby).
- More specific targeted training; Community-ISO, Probation, JJMS, Electronic monitoring. Communicating with all supervisors on a monthly basis issues that need to be addressed.
- Understanding the points of contact that should be made when handling certain issues pertaining to school, behavior in the community, and investigative procedures.
- When you are promoted to a supervisor, it would be nice to shadow someone from another office in that same position to give you an insight on that position.
- I feel that the requirements of Medicaid vs. Policy sometimes confuses staff. I also feel that they can get so overwhelmed by the constant Medicaid changes once you get use to one way there is something new to do.
- More Supervisor training's
- Medicaid documentation
- Experienced case managers that have been promoted often state they have used spreadsheets to help them manage their cases. Having access to these would be very helpful.
- Supervisors and Administrators (Directors, etc.) should take training on team/morale building with employees/how to support their case managers better and create a positive work place
- It would be helpful if we had longer to write activity notes, or at least templates for writing activity notes related to each contact type. It would also be helpful if we could select multiple contact types on an activity note. Case managers should have a cap on the number of cases they can manage.
- Supervisor occasionally going over (job related) policies with staff as a refresher. All staff would be on the same page.

- I think Effective Case Management should be a part of basic training.
- Supervisor should supervise juveniles that have long commitment GL's. The juvenile should be assigned an ISO when they are 3-5 months away from coming home.
- More ISO trainings. I think all offices are handling their caseloads differently according to the chart. I have been told several things that were incorrect by talking with other peers. I think we should have more trainings with other ISO's to voice out opinions. I also think one ISO should handle one base area in the county and not have one person going miles from client to client. I think that would make the job easier. More resources in the Greenwood Area would also be easier and better.
- I think new case managers should start out with small caseloads and learn how to accurately document and manage the cases before receiving a lot of cases.
- The Agency doesn't communicate well between Community and Rehab. services. The Community is always of least importance.
- The ISO supervision chart is not being used the same in all county offices and it needs to be revamped
- Smaller counties needs access to resources for Juveniles available to the larger counties, streamline the placement packet/ process and other required forms- seems like we provide the same information in various locations on JJMS and/or necessary forms
- I think more training should be implemented regarding legal jargon in order to key in JJMS appropriately. Ex, determinate vs. indeterminate which is important regarding legal status of juvenile. Also, more training on the process of parole writing, revocation, etc. Lastly, an outlined 40 hour block for yearly training. Other than defensive driving, CPR, and CPI, I am not sure what other training I am required to complete yearly.